

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 806705

VETERAN

Francis Bertrand

RANK

Pvt

SERVICE

Co H 34 Wis. Vol. Inf.

CAN No.

16650

ROLL NO

35

REQUEST FOR REIMBURSEMENT OF \$100.00 FOR BURIAL EXPENSE ACCORDING TO U. S. VETERANS
BUREAU REGULATION # 48, SEC. 8104

Francis Bertrand, Veteran of the Civil War, deceased. Cert. 806705

Private, Co. H. 34th. Regular Wisconsin Infantry, who enlisted Nov. 29, 1862
and was discharged Sept. 8, 1863.

Deceased resided in Luxemburg, Kewaunee Co. Wis.,

Died, April 13, 1920 at Luxemburg, Wis. aged 80 yrs., 10 months, 12 days.

The attending physician was Ed. Kerscher M.D. Casco, Wis. and Veteran was ill
from July 6, 1919 to date of death, April 13, 1920.

Name of undertaker: O. DeBaush, Luxemburg, Wis.

Date of Burial: April 15, 1920 Tonet Cemetery, Kewaunee Co. Wis.

The affiant, Desire Early, is a Grandson of Deceased Veteran, and paid all of the
bills for last illness and burial, and makes the following statement as knowledge
of deceased's financial situation.

Francis Bertrand, was a member of my household for about 5 years preceeding
his death. He had no income other than the \$30 received monthly from the U. S.
Government as pension. He had no personal property nor real estate. He was ill,
under a doctors care and helpless for about nine months. I paid bills totalling
\$476.00 for doctor's fees, medicine, and funeral expenses, for which I received
no reimbursement.

Deceased was not entitled to any insurance or death benefits from any society
association, or organization..

No amount was received from Pension office, War Department, or any State or
Political sub-division.

I expended for the burial of deceased veteran \$115 for casket, \$7 for grave.

I hereby request reimbursement of the \$100 due according to the new ruling
of the Veterans Bureau.

Signed

Desire Early
R. F. D. # 5, Luxemburg, Wis.

Subscribed and sworn to before me this 21st. day of March, 1924.

Harriet A. Camwenbergh
Notary Public

My Commission expires Nov. 23, 1924.



3-044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Wisconsin
COUNTY OF Kenosha

On this 13th day of May, A. D. one thousand nine hundred and Twenty
personally appeared before me, a Notary Public within and for the County and State aforesaid,
Desere Erley, aged 38 years, a resident of
Town of Red Bend, County of Kenosha, State of
Wisconsin, who, being duly sworn according to law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
Francis Bertrand, who was a pensioner of the United States by
certificate No. 806705, on account of the service of Soldier
in Co. H. 34 Regiment Wisconsin Infantry
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)
That pension was last paid to Apr 3, 1920.

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Francis Bertrand

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
By reason of act passed by Congress

3. If decedent was pensioned as an invalid soldier or sailor—

- (a) Was he ever married? (Answer yes or no.) _____
- (b) How many times, and to whom? _____
- (c) If married, did his wife survive him? (Answer yes or no.) _____
- (d) If so, is she still living? (Answer yes or no.) _____
- (e) If not living, give full names and dates of death of all wives _____
- (f) Was he ever divorced? (Answer yes or no.) _____
- (g) If so, is the divorced wife still living? (Answer yes or no.) _____ (If living, a copy of the decree of divorce must be filed.)
- (h) If not living, give her full name and the date of her death _____

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No

5. Is any such child still living? (Answer yes or no.) _____

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid None

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No

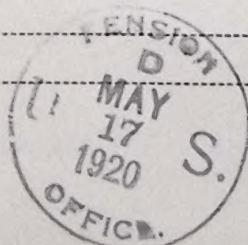
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written None

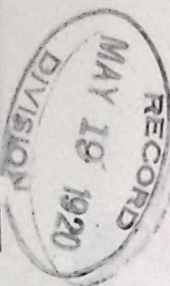
9. Who was the beneficiary named in each policy? _____

10. What was the relation of each beneficiary to the pensioner? _____

11. Were the premiums paid by the deceased pensioner? _____

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account _____





13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? None
14. Did the deceased pensioner leave any money, real estate, or personal property? None
15. If so, state the character and value of all such property None
16. What was the assessed value (last assessment) of the real estate? None
17. How was the pensioner's property disposed of? None
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No
19. What was your relation to the deceased pensioner? My wife's grandfather
20. Are you married? (Answer yes or no.) yes
21. What was the cause of pensioner's death? Chronic prostatic and arthritis
22. When did the pensioner's last sickness begin? Dec. 9 - 1918
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? Dec. 9 - 1918
24. Give the name and post-office address of each physician who attended the pensioner during last sickness Edward J. Herscher M.D. 605 E. 2nd St. Wausau
25. State the names of the persons by whom the pensioner was nursed during the last sickness Desire Erley and Lucy Erley his wife
26. Where did the pensioner live during last sickness? at home of Desire Erley town of Red River, Wausau County Wis.
27. Where did the pensioner die? same as above
28. When did the pensioner die? April 13 - 1920
29. Where was the pensioner buried? town of Rensselaer, Cemetery
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) No
31. State below the expenses of the pensioner's last sickness and burial. Write the word none where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

| NAMES. | NATURE OF EXPENSES. | STATE WHETHER PAID OR UNPAID. | AMOUNT. |
|-------------------------|----------------------------------|-------------------------------|---------|
| Edward J. Herscher M.D. | Physician | paid | 78 00 |
| Desire Erley | Medicine | paid | 2 40 |
| Desire Erley | Nursing and care | paid | 143 00 |
| Desire Erley | Undertaker | paid | 6 00 |
| Desire Erley | Livery | unpaid | 7 00 |
| Desire Erley | Cemetery | unpaid | 8 80 |
| Desire Erley | Other expenses and their nature: | unpaid | 2 80 |
| Desire Erley | Funeral service | unpaid | 8 80 |
| Desire Erley | Telephone calls | unpaid | 2 80 |
| Desire Erley | | unpaid | 2 80 |
| TOTAL | | | |

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes

That my post-office address is No. 205, on Wausau street, town or city of Wausau, County of Wausau, State of Wisconsin

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Desire Erley
(Claimant's signature in full.)

Also appeared Joseph Jones and Samuel Stage
who, being duly sworn, say that they saw Desire Erley, the claimant, sign his
name (or make mark) to this application; that they know the claimant herein and that their answers to the
following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

2. When did the pensioner die? April 13 - 1920

3. Did pensioner leave any property? If so, state its character and value.

4. We knew pensioner 25 years. We believe above statements to be true because

We have been closely associated with Desire Erley and know him to be an honest man.

Name Joseph J. Jones Name Samuel Stage

P. O. Address Lynchburg R. 5, Va. P. O. Address Lynchburg, Va.

Subscribed and sworn to before me this 13th day of May

A. D. 1920 and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is Excellent

DECLARATION ACCEPTED AS
A CLAIM UNDER THE ACT OF
MARCH 2, 1895.

CHIEF, LAW DIVISION.

Chas. R. R.
(Signature.)

Nathan Rallis
(Official character.)

My commission expires Jan 7 - 1923

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death April 13th 1920 6:20 A.M.

Give date of commencement of pensioner's last sickness December 9th 1918

From what date did the pensioner require the regular and daily attendance of another person constantly until death?

Since Dec 9th 1918

During what period did you attend the pensioner? Dec 9 1918 until Apr 13 - 1920

State nature of disease from which pensioner died Chronic Prostatitis

and arthritis with complete ankylosis of both knees

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service

Desire Heraly and his wife Lucy Heraly

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? Yes by Francis Bertrand

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

In my opinion this patient who was constantly confined to his bed since Dec 9 - 1918 and needed constant care & handling was a great burden on Mr. & Mrs. Heraly and for which work I understand they were not properly reimbursed.

May 13, 1920

Edward J. Kerscher M.D.
Attending Physician.



DRIPPED

APPLICATION FOR REIMBURSEMENT.

Certificate No. 806,705

Francis Bertrand
Deceased Pensioner.

H 34 Wis. Inf -
Claimant.

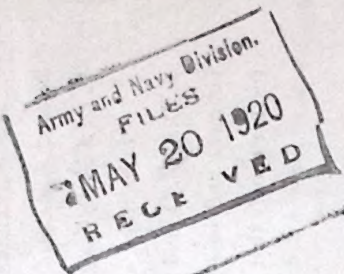
AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

6-1572



The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
 - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6-1572

ROYAUME
DE
BELGIQUE



PROVINCE
DE

Namur

EXTRAIT DU REGISTRE

aux actes de *Naissances.*

N°

Fait sur papier libre

~~Pour cause d'indigence constatée
par certificat du Bourgmestre d~~

~~en date du~~

Pour renseignement administratif.

Des Registres de l'Etat civil de la commune
de *Conseigne* a été extrait ce qui suit :

L'an mil huit cent quarante
le *premier* du mois de *juin*
est né à *Conseigne*, *François Joseph*
Bertrand, fils de *Etienne Bertrand*
et de *Marie Françoise Lamoij*,
L'Original et dument signé

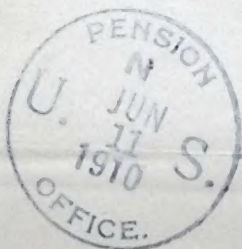
POUR EXTRAIT CONFORME :

Délivré le

11 Mars 1906

L'Officier de l'Etat civil,

N. D'Ammevaux





Inv. G. # 806705.
Francis Bertrand
"N" 34th Regt. - Vis. Inf.

Kingdom of
Belgium

Province of
Namur.

Extract from the Register
of the acts of Birth.

The following is an extract from the
Civil-Register of the community
Tongrinne:

A. D. 1840, the 1st of the month of
June was born at Tongrinne:
Francis Joseph Bertrand, - son of
Etienne Bertrand and of Marie, Francis
Lannoy, and the original is duly
signed.

For conformable extract:

Delivered, March 15 - 1910.

The Civil-Recorder:

Signed: N. Plessmann.

Seal of the Civil-
Registry
of the Community
Tongrinne.

Transal. from the French.
C.M.B. June 17-10.

West. Div.

W. G. H. Ex'r.

N. D. C. No. 806, 705
Francis Bertrand.

Department of the Interior,

Co. "H", 34th Reg't Wis. Inf.

BUREAU OF PENSIONS,

Washington, D. C., Sept. 29, 1899.

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Francis Bertrand,
Sous-Lieutenant
Wis.

J. L. Sargent
Acting Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Lucy Baye but she died about 17 years ago

No. 2. When, where, and by whom were you married? Answer: in 1865

by Rev. P. Cruid

No. 3. What record of marriage exists? Answer: it is recorded in Wisconsin Co. W.

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: no and am still

a widower

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Clarence Bertrand 33 years

(Bertrand) Mary Bertrand 31 years
Emil Bertrand 29 years Peter Bertrand 26 years
Edmund Bertrand 24 years Henry Bertrand 23 years
Josephine Bertrand 19 years Charles Bertrand 17 years

Date of reply, Oct 19th, 1899

Witness to mark
St. Maurice

0-2

Francis X Bertrand
mark
(Signature.)

Department of the Interior,

PENSION OFFICE,

March 13, 1885.

No. 531,314

Francis Bertrand

Co. "H" 34 Wis Inf.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full report as to the service, disability, and hospital treatment of

Francis Bertrand

, who, it is claimed, enlisted

Nov. 29th

, 1862,

and served as

Private

in Co. "H"

34

Reg't

Wis Inf.

; also in Co. _____

and was discharged at Memphis Tenn. Sept. 8th, 1863.

While serving in Co. "H",

34

Reg't

Wis Inf.

, he was disabled by

severe and acute, chronic diarrhoea and Rheumatism in July 1863.

also _____

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

In Reg't Hospital in July 1863, from that time to discharge sick but on duty with Co.

Very respectfully,

C. P. Clarke

Commissioner.

The Adjutant General, U. S. Army.

Si

86

WAR DEPARTMENT,
Surgeon General's Office,
Record and Pension Division,

Washington, D. C., *June 5*, 1885.

Respectfully returned to the Adjutant General,
U. S. Army.

For lack of evidence as to treatment of within
named soldier in any hospital other than Regimental,
no information bearing upon this case can be elicited
from the records on file in this Office.

No hospital records of the *34 Wis. vols.*

were ever on file in this Office.

BY ORDER OF THE SURGEON GENERAL:

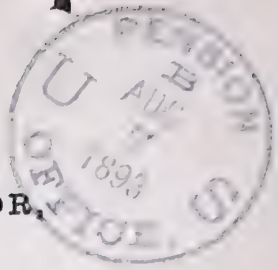
B. S. Pope
Assistant Surgeon, U. S. Army.
(170.)

Per *A. E. Conson*



361437

(1 Encl.)



West. Div.
 No. 806705
 Francis Bertrand
 Co. K, 34 Reg't Wis. Inf.

DEPARTMENT OF THE INTERIOR,
 BUREAU OF PENSIONS,
 WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Felix Marcell,
 Walhain,
 Wis.

Wm. Lockman

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: About August 1863

Of what disability did he complain, and how was he affected?

Answer: Some fever

How frequently have you seen him since your first acquaintance?

Answer: much over two weeks

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: Every time that the weather is in change he is worst then when he came home

My means of knowing the facts of the case are these:

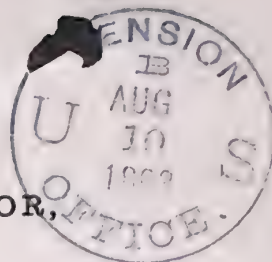
That I am living within 1/2 mile

COMMISSIONER OF PENSIONS,
 Washington, D. C.

Very respectfully,

Felix Marcell
 Walhain

This is to certify that I have not any more
writing left, or for Antonio Mearns



West. Div.
 D. B. Ex'r.
 P. D. of. No. 806705-
 Francis Butraud
 Co. H. 34 Reg't Wis. Inf.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Peter Jozet,
 Luxembourg,
 Wis.

W. Lockman
 Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: When he went to the war in 1864 and
 then he got the fever.

Of what disability did he complain, and how was he affected?

Answer: Not very well.

How frequently have you seen him since your first acquaintance?

Answer: He was working in the garden.

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

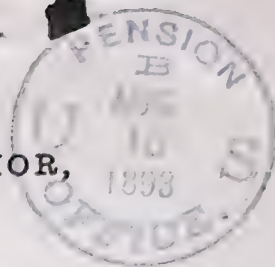
Answer: Every year sometimes more than
 the other times. I tell you my prayer
 is that he get Pension.

My means of knowing the facts of the case are these:

COMMISSIONER OF PENSIONS,
 Washington, D. C.

Very respectfully,

Peter Jozet.



Div.

Ex'r.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Zachariah Vandewald,
Luxemburg,
Wis.

Wm. Lockron

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: I saw him first in August 1891.

Of what disability did he complain, and how was he affected?

Answer: He said he had a lame back and was unable to do any manual labor.

How frequently have you seen him since your first acquaintance?

Answer: I have seen him several times since.

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: He has continued to suffer with the same disability, and is unable to do any manual labor.

My means of knowing the facts of the case are these:

I have known him for many years, and he has told me the facts of his case.

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Zachariah Vandewald

ORIGINAL.

(FOR A BOARD.)

Claim No. 531314

Name of the claimant,

Francis Bertrand

Rank,

Privates

Company,

H

Regiment,

34 Wisc

Post-office address,

Robinson Brown Collins

ADDRESS OF THE BOARD:

Post office,

Menominee

County,

Menominee

State,

Mich

Date of examination,

Apr 15, 1885

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named

Memphis Tenn

and while in line of duty, on or about the

20

Cause of disability.

day of

June

1863,

he incurred

Dysentery & malarial fever

Degree of disability.

and that in consequence thereof he is

disabled for earning his subsistence by manual labor

His pulse-rate is

78

per minute; his respiration

20

; his temperature

99

his height is

5

feet and

6

inches; he weighs

140

pounds, and states that he

is 45 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following

Here give the statement of the claimant fully, but as compactly as possible.

statement:

Claimant states that he was first attacked with dysentery at Memphis Tenn. that he had four or five passages every hour at times, this dysentery continued for five months; Chills and fever set in shortly after the inception of the dysentery, after five or six months he improved somewhat but never during his service felt at all well,

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

The examination reveals the following objective facts in support of his statements:

We find the claimant to be thin and prematurely aged in appearance. Hair grey, face thin, tongue normal, skin cold, hands cold, capillary circulation poor, Stomach quite tender, bowels tender, liver and spleen quite tender and slightly enlarged, He has no piles and the rectum is in a normal condition, His muscular system is in fair condition; there is no contracture of tendons, no enlargement of joints, no head trouble and no evidence of any rheumatism, he apparently has no existing condition and the history of this claimant, as stated by himself, it is, in our judgment,

probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a $\frac{1}{2}$ rating for the disability caused by Chronic dysentery, $\frac{1}{2}$ for that caused by malarial fever, and for that caused by the sum of which aggregates total

* See the back.

B. J. Phillips, Pres.,
A. J. Robery, Sec'y,
L. J. Jones, Treas.,

BOARD.

1
SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

Francis Bertrand

Co. *H*, *34* Reg't *Wis*

Application for Pension.

No. *531314*

Date of examination: *April 15*
1885

A. J. Roseberry
Examining Surgeon.

Post office, *Menominee*

County, *Menominee*

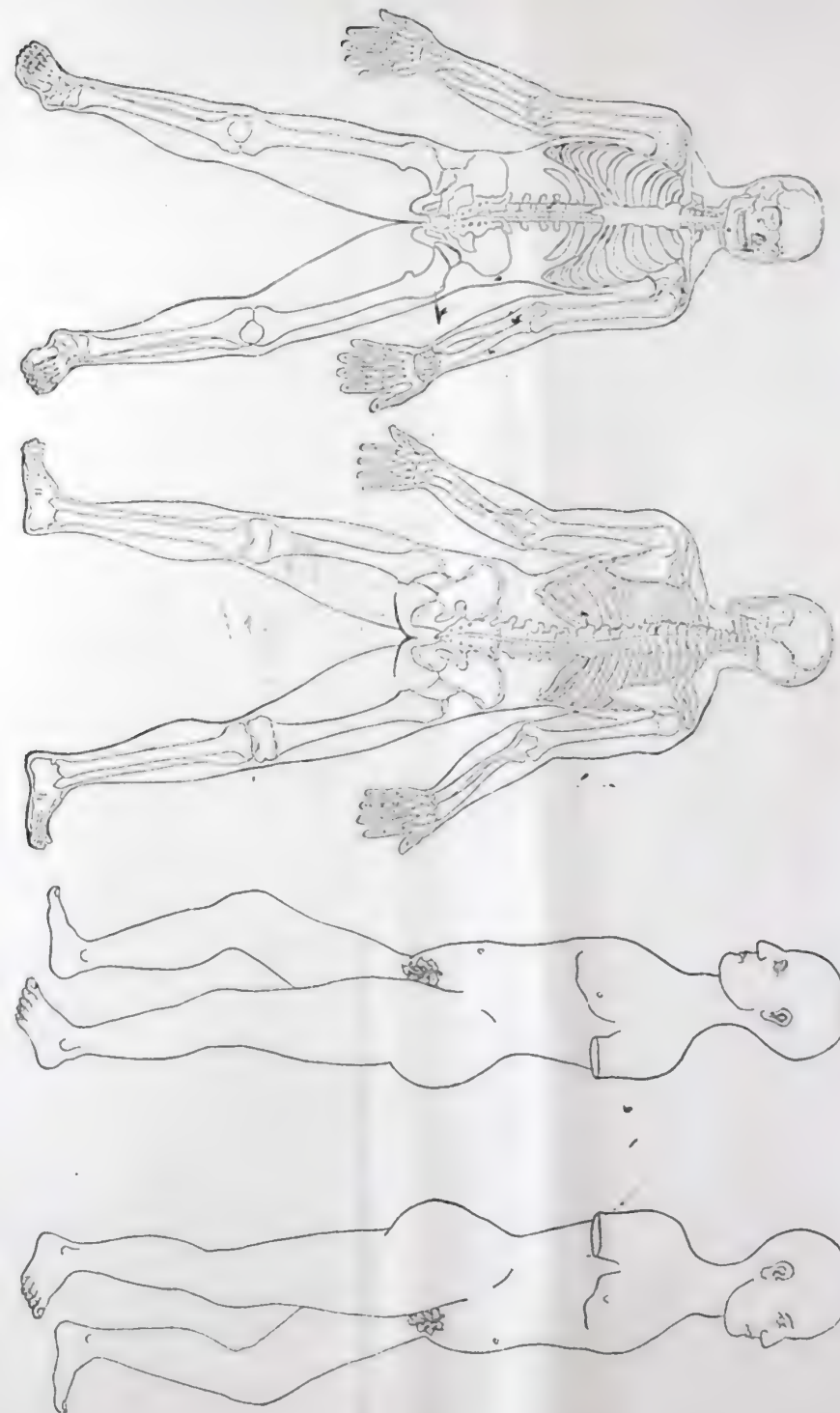
State, *Michigan*

P. S.—Write your Post-office address plain and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



(100-100 M.)



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Pension Claim No.

Name and rank of claimant.

Claimant's post office address.

Original
Francis Bertrand, Rank, *Private*.
 Company *H, 34th Reg't Wis. Inf.* *Green Bay, Wis.* State,
Green Bay, Wis. *March 19th*, 1890.
 (Post office address of the Board)
 (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Fever and ague, chronic diarrhoea & rheumatism.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

Pulse rate per minute, *86*; respiration, *20*; temperature, *98.5*; height, *5* feet *6* inches; weight, *153* pounds; age, *51* years.

He makes the following statement upon which he bases his claim for:

Here give the claimant's statement as briefly and as completely as possible.

Original
In Tennessee in June 1863 I had Malaria & went to Reg'tal hospital for 6 days. About the same time I had a severe diarrhoea, which lasted over a year & was treated for it after coming home. I have it yet & pass a good deal of blood at times. Had rheumatism at same time with other diseases in arms, shoulders, back & legs. I can only do light work on account of this rheumatism & the results of the other diseases.

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action, in rating.

Man is fairly well nourished, tongue clean, skin natural, conjunctiva clear, abdomen rather flat also epigastrium, tenderness over descending colon, no tympanitis, no distention of stomach. Liver is of normal size, also spleen. Sounds of heart, apex beat & size all normal. He has a fissura in anus anteriorly. Haemorrhoidal vessels are engorged, diarrhoea present. we find one small pile on right side, of about the size of a lima bean. No deformity in joints, muscles or tendons, except the muscles of back are hard and rigid and we believe, that he suffers from Lumbago, for which he is disabled equal to 4/18; by reason of the diarrhoea and resulting disease of rectum equal to 4/18 of 3^d grade.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *4/18 of 3^d* rating for the disability caused by *Lumbago*, *4/18 of 3^d* for that caused by *diarrhoea & disease of rectum* caused by _____

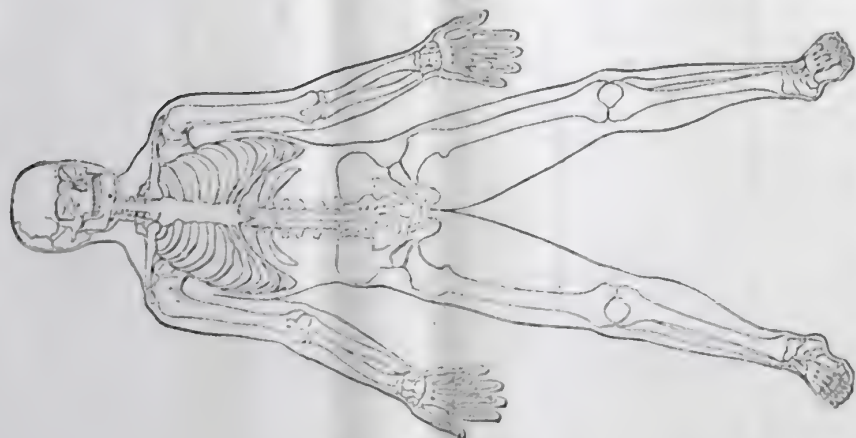
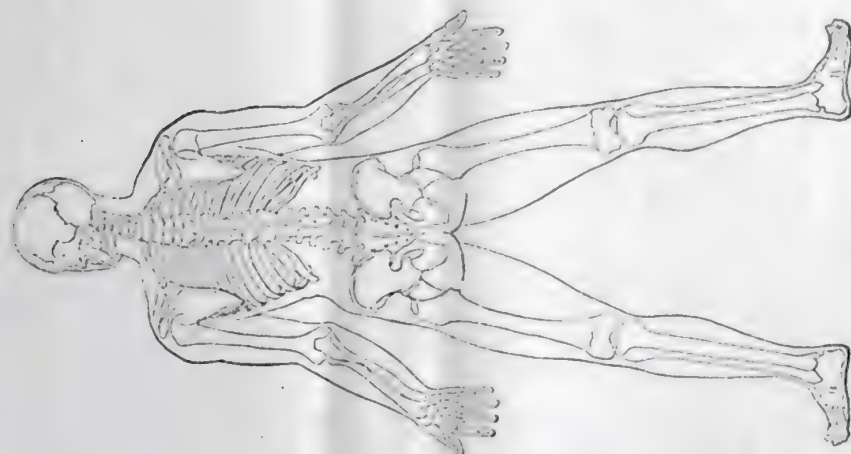
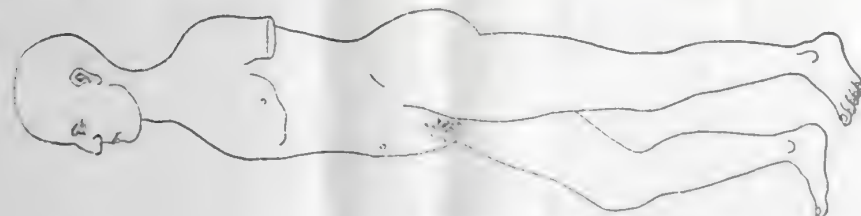
Rate for each cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

B. C. Smith, Pres. *Am. B. Co.*, Sec'y. _____, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertrand
Co. *A*, 34th Reg't Wis. Inf.

Applicant for Original
No. *531314*

DATE OF EXAMINATION:

March 19th, 189*0*.

B. G. Smith, Pres.,
Wm. Beck, Sec'y,
Treas., } BOARD.

Post office,

Green Bay

County,

Brown

State,

Wisconsin

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

2112

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

(Original says "Increase") Original

Pension Claim No. 806,705

[State above whether for original, increase, or restoration.]

Rank, Priv

Company, H 34 Reg't It is Inf

Green Bay Wis State,

Tonk, Kewanee Co. Wis.

August 9th 1893.

We hereby certify that in compliance with the requirements of the law we have carefully

examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rheumatism, Chron. diarrhoea and resulting disease of rectum, and malarial poisoning.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month

He makes the following statement upon which he bases his claim for Original

[Original, Increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

I contracted fever and ague and diarrhoea while in service in 1862, after this I contracted rheumatism which troubles me severely. Have had attacks of former disease since I came home also diarrhoea and piles are the result.

I can do about 1/4 a man's work

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 22; temperature, 98.6; height, 5 feet 1 inches; weight, 135 pounds; age, 54 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Claimant is very poorly nourished and he seems to be feeble and poor in flesh. Tongue clean and red furrowed. Abdomen is full and tympanitic and he is very tender over epigastric region. Splenic dullness cannot be determined on account of tympanitic in left hypochondrium but size of liver seems to be normal though he is very tender upon pressure in that region. He is disabled by Dyspepsia and Dilatation of stomach equal to 7873¹/₂g. Examination of rectum shows that it is red and inflamed, one pile tumor on left and one on right side each as large as a hickory nut both ulcerated & bleeding. He is disabled by Piles and disease of rectum equal to 7873¹/₂ grade. Man is very stiff and slow and all of his movements joints are creaking and those of hand are enlarged and clumsy causing deformity of hands. He is disabled by Chronic Rheumatism equal to 7873¹/₂g.

He is, in our opinion, entitled to a 7873¹/₂g.

Rate for EACH cause of disability.

rating for the disability caused by Dyspepsia Dil. stomach 7873¹/₂g for that caused

by General Rheumatism and 7873¹/₂g for that caused by

Piles and disease of rectum

B. B. Brett, Pres. Hue Beck, Sec'y. F. L. Lewis, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Examination heart reveals nothing
that would indicate disease of that organ.
No other disability found



SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertrand

Co. H, 34 Reg't Wis. Inf.

Applicant for Service

No. 806705-

DATE OF EXAMINATION:

August 9th, 1893.

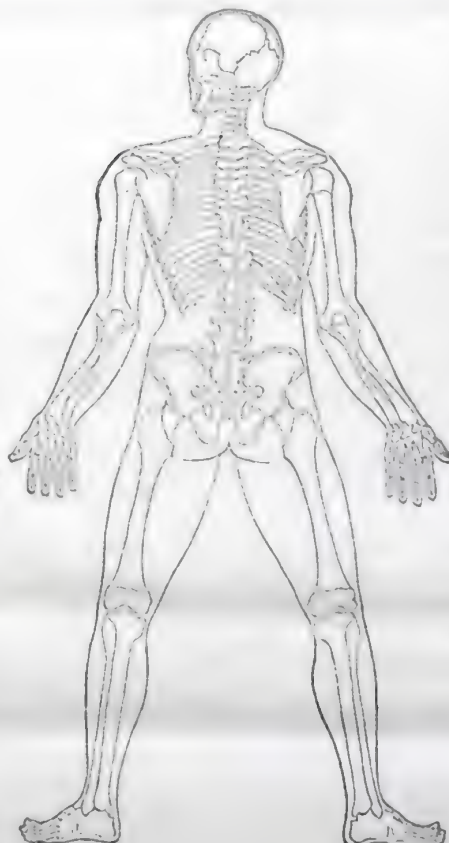
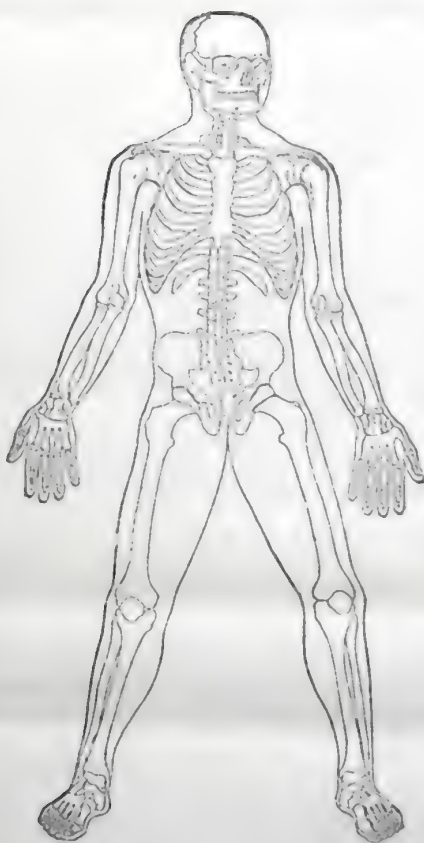
W. H. B. , Pres.,
H. B. , Sec'y,
F. L. Lewis , Treas.,
BOARD.

Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim. New disability Pension Claim No. 806.705

Name of claimant. Francis Bertrand Address of Board. Green Bay P. O. Wisconsin State. October 18, 1899

(Rank.) Private Company 34th Reg't Wis. Inf.

Claimant's post-office address. Fort, Wisconsin, Wis.

Cause of disability. Rheumatism, chr. diarrhoea & resulting disease of rectum & malarial poisoning, or any other disability. He receives a pension of \$6 dollars per month.

He makes the following statement upon which he bases his claim for Increase.
[Original, increase, restoration, etc.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him. Man is very weak from rheumatism, & piles bother him a good deal. Can't do any manual labor.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 100-108-120, respiration, 22-25-28, temperature, 98.6,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 6 7/8 inches; actual weight, 145 pounds; age, 61 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Cracking in both shoulder-joints upon motion which is limited to about 1/2 of normal - rheumatic pains also very bad in right leg and knee. Muscles in both upper extremities and in left thigh very flabby - walks slightly lurch and with a cane. No differences in measurement in arms, or legs, except left knee-joint is 1" larger in circumference than right. Joints are dry and stiff - so are the tendons. Heart: Apex is 1 inch below & on a line with left nipple, no murmur, active very weak, somewhat irregular & intermittent, area is enlarged to 4" vertically & 3 3/4" horizontally. No cyanosis, no edema, some dyspnoea. Dilatation of heart. No diarrhoea now, but extremely constipated. Liver is very large - dullness is 4". Digestion very slow & bad - painful. Spleen's dullness is 3" - very tender over liver & splenic region. Rectum is very red & inflamed, mucous discharges - 3 small piles tumours on right side ulcerated & bleeding comes down at stool, very tender. No other disabilities - no vicious habits.

Rheumatism - 6/18 - Dil. of heart - 6/18
Diarrhoea & constipation - 4/18 Dis. of liver & spleen - 4/18 Indigestion & Dis. of rectum - 6/18

Wm. J. McGee, Pres. H. McGee, Sec'y J. McGee, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. B. C. But, Dr. Am Deak, and Dr. L. H. Gregory were personally present and actually participated in the examination of Francis Bertland the claimant in this case, on 18 day of October, 18 99
(Signature.) Am Deak

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.) _____

SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertland

Co. H. 34 Reg't Wis. Inf.

APPLICANT FOR A Disability

No. 806.705

DATE OF EXAMINATION:

October 18th, 1899

B. C. But, Pres.,
Am Deak, Sec'y,
L. H. Gregory, Treas.,
BOARD.

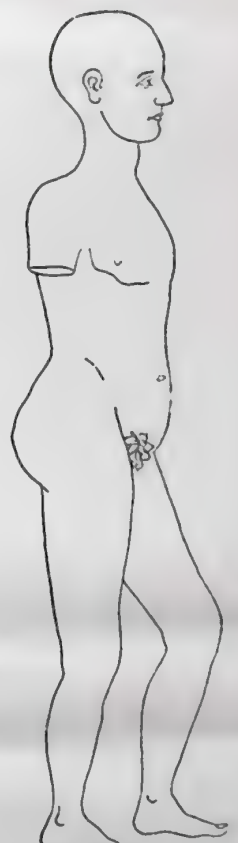
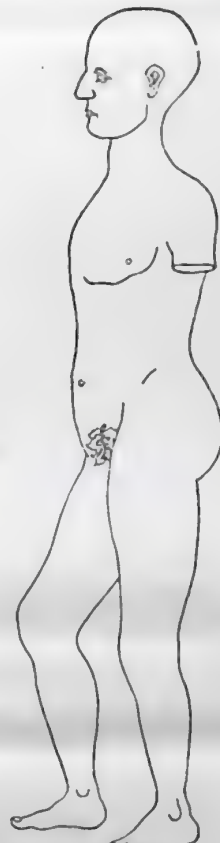
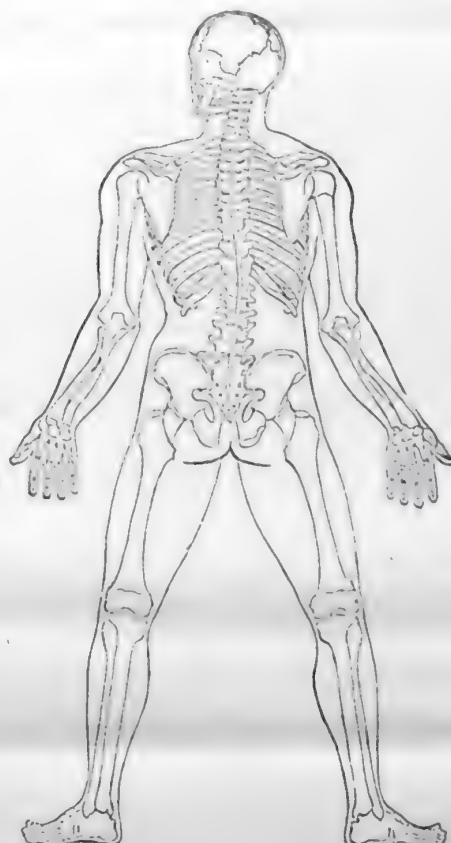
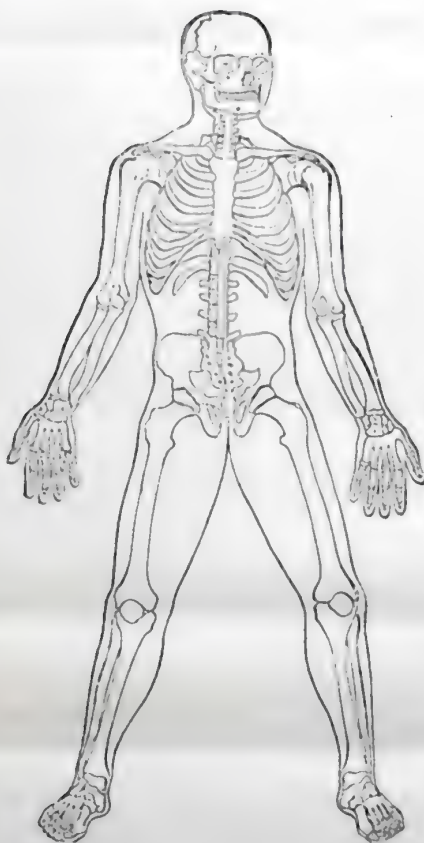
Post office, Green Bay

County, Brunswick

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

Green Bay



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He receives a pension of Eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Claims above disabilities originated during service

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Belgium age, 67 years; height, 5 ft 8 in; weight, 145 pounds; complexion, Light; color of eyes, Grey; color of hair, Grey; occupation, No occupation; permanent marks and scars other than those described below, No marks no scars

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 90/100/125; respiration, 20/24/30; temperature, 98.6

Here give a full description of the disabilities, in accordance with Book of Instructions.

Chronic diarrhoea
Tongue not coated - skin - mummy
and clear (not emaciated stomach)
Liver and spleen normal - in size
Liver dullness from lower border of
10 - rib to upper border of 7 - rib

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Disease of rectum
Rectum congested bleeding
and ulcerated vessels not engorged
No tumors no fissures no stricture
No prolapse

Malarial poison
No indication of malarial poison
Deafness
Can hear ordinary conversation
at 2 feet and loud conversation at
3 feet with both right and left ear
external auditory apparatus normal

No other disabilities found to exist

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

We find that the aggregate permanent
disability to perform a support by manual
labor is due to disease of rectum
deafness and age not due to vicious
habits and warrants a rating of 10

Absent, Pres. O. B. Upshur, Sec'y. E. Le Sage, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (on 3-155) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____.

(Signature.) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Francis Berhard, the applicant for (increase or original) pension referred to in this medical certificate hereby consent to be examined by Dr. E. Le Sage and Dr. O. E. Nystrom, the examining surgeons here present (waiving examination by full board), on this 5 day of Oct, 190 4.

(Signature.) Francis Berhard

Witness to mark J. B. Puccio

Oscar Nystrom

SURGEON'S CERTIFICATE

IN CASE OF

Francis Berhard
Co. H, 34th Reg't

APPLICANT FOR Increase

No. 806706

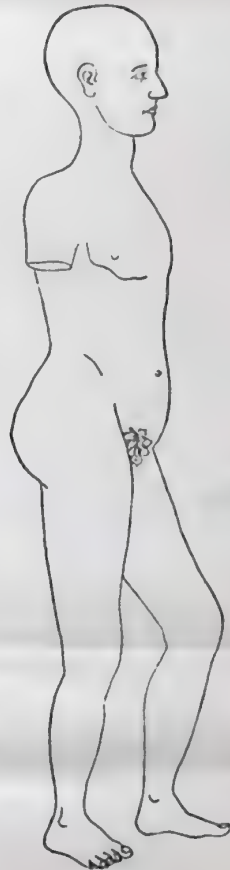
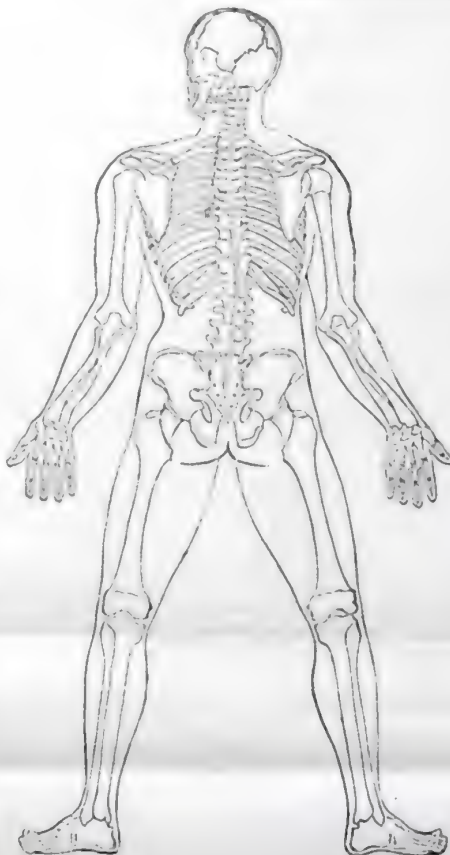
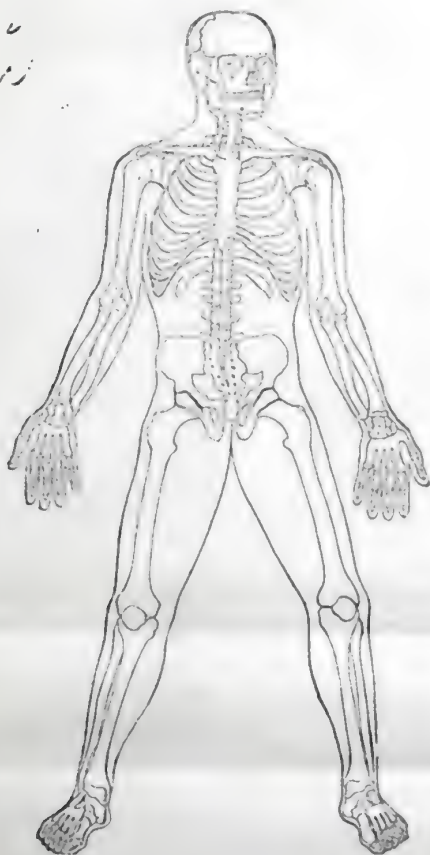
DATE OF EXAMINATION:

Oct-5, 190 4

BOARD.
Absent, Pres.,
O. E. Nystrom, Sec'y,
E. Le Sage, Treas.,

Post office, Madison
County, Payson
State, Idaho

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

BUREAU OF PENSIONS,

Washington, D. C.,

Board of U. S. Examining Surgeons, *Medford, Wis*

Dr. *C. E. Mustrum* Secretary.

Gentlemen:

In the case of *Francis Bertrand* *# 37th Wis. Vol. Inf*
Off # 806705 whom you examined on *Oct 57 1904*
further information is desired as indicated below. Please write
your amendment upon the accompanying blank and forward it
promptly in the inclosed envelope, together with this letter.
It should be dated, and signed by each member who participated
in the examination.

If it is necessary to recall the applicant, he may be
addressed at *Kennan, Puce Co Wisconsin.*

*This claim is under the General
law therefore please rate each disability
separately and in fractional form, independent
of the effects of age. Pr 114 to 126 Instructions
1902. (and pr. 67)*

Medical Reference

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. 806705
Francis Bernhard
N, Company 34, Reg't 1st Vol. Inf

Address of Board.

Medford
Wis.

[Date of examination, not of amendment.]

Oct 5, 1904

EXAMINATION - Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Amendment Valid Oct-18-1904
Chronic Dysentery

Tongue not coated skin mddy and clear not emaciated stomach liver and spleen normal in size liver dullness from lower border of rib to upper border of 7th No R
 Disease of Rectum

Rectum congested bleeding and ulcerated vessels not engorged no tumors no fissures no stricture no prolapse R $\frac{2}{8}$
 Malarial Poison

No indication of malarial poison No Deafness

Can hear ordinary conversation at 2 ft- and loud conversation at 3 ft- with both right and left ear R $\frac{4}{30}$

No other disability found to exist.

Marginal entries must never be made.

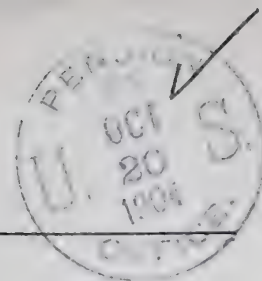
Absent, Pres.

CE Wysham, Sec'y.

, Treas.

Do not use the back of this blank for any purpose except as indicated.

3/18
25



SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertrand

Co. *H*, 3rd Reg't *Wis. Vol. Inf*

Applicant for *Increase*

No. *806705*

DATE OF EXAMINATION:

Oct 5, 190*4*

Absent, Pres.,
C. B. Wythe, Sec'y,
E. G. Dwyer, Treas.,

BOARD.

Post-office, *Medford*

County, *Layton*

State, *Wis*

Fill all blank spaces above.

7135050m-2-03

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of these disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Pension Claim No.

Address of Board.

P. O.

State.

1906

[Date of examination.]

He receives a pension of ten dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Is suffering from Rheumatism and Senile Debility. of about ten years standing. It first started after attack of fever in 63 or 64.

Birthplace, Brussels Belgium; age, 67 years; height, 5-6 weight, 140 pounds; complexion, Fair; color of eyes, Gray; color of hair, White; occupation, None; permanent marks and scars other than those described below, None.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 96-102-110; respiration, 22-24-30; temperature, 98.

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

His exercise was after climbing one flight of stairs.

Applicant is suffering from Senile Debility with atrophy of muscles of the arms and legs.

Condition of heart is normal

Lungs are normal.

Kidneys are normal

Rectum is practically normal

He has some chronic diarrhoea

also chronic inflammation of the stomach. bowels are constipated the rest of the time.

This applicant is unable to perform any manual labor and we think his rate should be \$12.00

Left arm and both limbs are nearly useless.

Pres. W. L. Stephens Sec'y. W. R. P. Davis Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Stephenson, Dr. Ross, and Dr. _____, were personally present and actually participated in the examination of Francis Bertrand, the claimant in this case, on 5th day of September, 1906."

(Signature.)

W.L. Stephenson M.D.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Francis Bertrand, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Stephenson and Dr. Ross, the examining surgeons here present (waiving examination by full board), on this 5th day of September, 1906."

Witnesses to mark.

A.R. Ross M.D.
W.L. Stephenson

(Signature of Applicant.)

(X) His Mark

SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertrand

Co. H. 34 Reg't Wis. Inf.

APPLICANT FOR Increase

No. 806705

DATE OF EXAMINATION:

Sept. 5th, 1906

BOARD.

Pres.,

W.L. Stephenson, Sec'y,

A.R. T. Ross, Treas.,

Post office,

Ladysmith

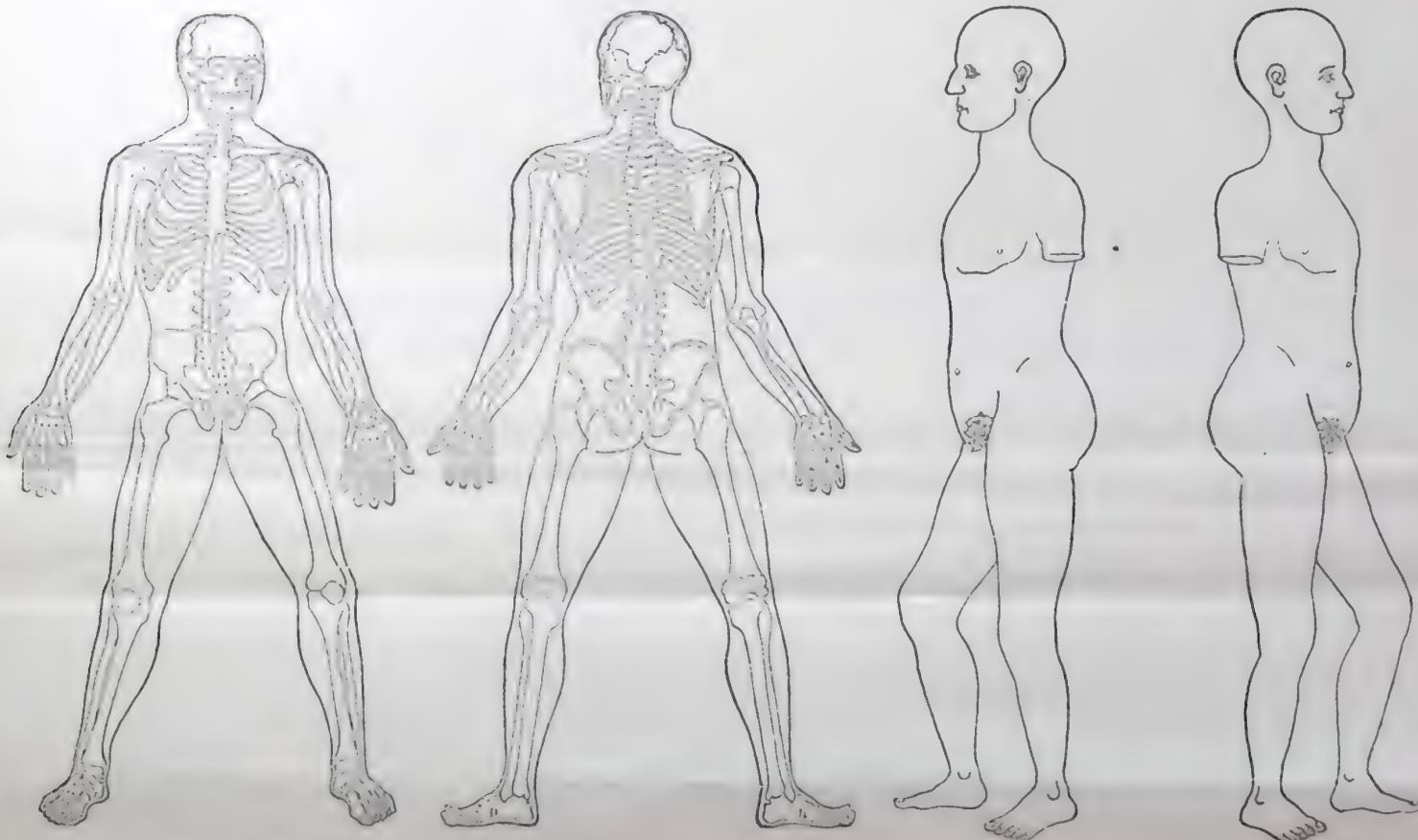
County,

Rusk

State,

Wisconsin

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Page
Med. Div.
T.R.P.

Department of the Interior,
BUREAU OF PENSIONS.

Washington, D. C., Sept. 21, 1906.

Board of U. S. Examining Surgeons,
Court House, Ladysmith, Rusk Co., Wis.
Dr. W. L. Stephenson, Secretary.

Gentlemen:

In the case of Francis Bertrand, Co. H 34th Wis. Inf.,
Certificate No. 806705, whom you examined on Sept. 5, 1906,
further information is desired as indicated below. Please write
your amendment upon the accompanying blank and forward it
promptly in the inclosed envelope, together with this letter.
It should be dated, and signed by each member who participated
in the examination.

If it is necessary to recall the applicant, he may be
addressed at Kennan, Wis.

Chronic diarrhea: Please report the indications of inflammation
of stomach and describe the condition of the liver, spleen and
bowels. Indicate state of nutrition.

Malarial Poisoning: Is there any evidence of this disability?
Is he anemic or debilitated? Is the liver or spleen enlarged?

Rheumatism: Is there any evidence of this disability? If so
describe it fully.

You report left arm and both limbs nearly useless. Please
describe the condition more fully and show the cause of the disa-
bility. Is there any other disability? Is there any evidence of
vicious habits? Drs. Stephenson and Ross made this examination.

Very respectfully,



Commissioner.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No.

866705.
Francis Bertrams
H. Company 34th Reg't Wis. Inf.

Address of Board.

Ladysmith, Wis.

Sept. 5, 1906.
[Date of examination not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Stomach is very tender walls are thickened also a good deal of tenderness over the bowels.

Liver is normal

Spleen is normal
Nutrition is fair

No evidence of malarial poisoning
He is anemic and debilitated

Liver and spleen are not enlarged

Loss of motion of
Left arm and both limbs
are due to atrophy of the
muscles very slight loss of motion in
joints. no evidence of vicious
habits

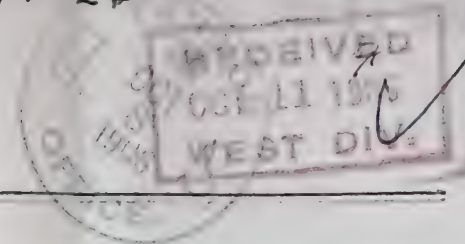
evidence
No present of rheumatism. out
side of very slight loss of
motion of the joints and
atrophy of the muscle.

Marginal entries must never be made.

Pres. W. L. Stephenson, Sec'y. H. R. J. Pres. Treas.

Do not use the back of this blank for any purpose except as indicated.

318-26



SURGEON'S CERTIFICATE

IN CASE OF

Francis Burton,

Co. *A*, 34th Reg't *Wis. Inf.*

Applicant for *Inc.*

No. *806705*

DATE OF EXAMINATION:

Sept. 5, 190*6*,

N. R. Stephens, Pres.,
H. R. Ross, Sec'y,
per wwa, Treas.,
Post-office, *Ladysburg Pa.*

BOARD.

County, *Knott*,

State, *Miss.*

Fill all blank spaces above.

wwa

Widow Division
I.C. 806,705
Francis Bertrand
H 34 Wis. Inf.

January 5, 1924

Harriet A. Camvenbergh
American Red Cross
Green Bay, Wisconsin

Madam:

In reply to your letter of recent date I have to advise you that the pension accruing from the date to which last paid to the date of the death of the above named pensioner, which amounts to \$10.67, is the only fund from which reimbursement of the expenses of his last sickness and burial could be allowed by this Bureau.

A claim for reimbursement filed May 17, 1920, by Desire Earley, R. R. #5, Luxemburg, Wis., is considered as having been abandoned, no evidence having been furnished in response to a call made May 26, 1920.

If Mr. Earley desires to continue the prosecution of his claim, he should so state.

Under the provisions of the Act of Congress approved March 4, 1923, the Veterans Bureau is authorized to make an allowance for the burial of deceased veterans in certain cases, and correspondence relative thereto should be addressed to The Director, Veterans Bureau, Washington, D. C.

Respectfully,

JGB:D

Acting Commissioner

ENC.

Not found in Dis-
semining Office Index



LET US BE OF SERVICE TO YOU

ORGANIZED IN 1902

Bank of Luxemburg

CAPITAL \$50,000.00

OFFICERS & DIRECTORS
L. ALBERT KAREL, PRES.
CHAS. L. PETERS
AUGUST SPITZER
OLIVER DEBAUCH
ART C. BAZLEN, CASHIER
CLEM RASS, TELLER

Luxemburg, Wis. April 15-20

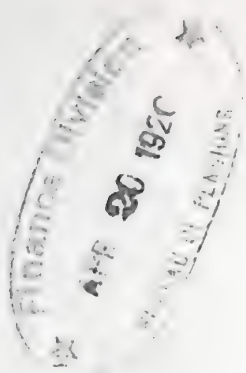
Paid here

Treasury Department:-

Mr Frank Bertrand an old G.A.R. veteran died April 13th, please advise Desire Erley, Luxemburg Wisconsin what amount of back pension their is due him and send him the necessary blanks.

Truly yours,
Bank of Luxemburg

APR 19 1920



Francis Bertrand
806705

After 10 days, return to
BANK OF LUXEMBURG,
LUXEMBOURG, WIS.



FINANCE

Treasury Department,

Division of Pensions

Washington D.C.

806705

Transit-Not Forward
Notice

X

20/10

X

224
A. & N. Div.
Reim. Sec.
I. C. 806705
Francis Bertrand
Co. H, 34 Wis. Inf.

May 26, 1920.

Mr. Desire Erley
R. D. #5
Luxembourg, Wisconsin.

Sir:

In your claim for reimbursement in the above cited case you are advised that an itemized bill is required from the undertaker, which should contain the name of the pensioner, and show over the signature of the creditor by whom paid, or, if unpaid, that you are held responsible for payment.

It is proper to state that the accrued pension in this case amounts to but \$10.67, and there is no other fund from which reimbursement could be allowed.

Very respectfully,

Commissioner.

EH-deb

Reimb

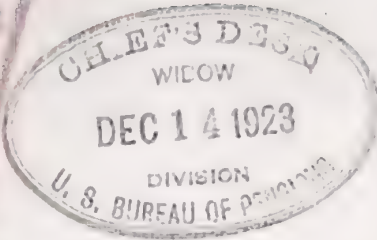
THE AMERICAN



RED CROSS

*Draw
Chm follow*

BROWN COUNTY CHAPTER
GREEN BAY, WISCONSIN



Commissioner of Pensions,
Bureau of Pensions,
Washington, D.C.

December 11, 1923

Francis Bertrand,
(deceased Pensioner)
Cert. 806705 ✓
Pvt. Co "H" 34 Reg. Wis. Inf.

Dear Sir:

The above named pensioner died April 13, 1920, at the home of Desire Earley, Luxemburg, Wisconsin, with whom he had lived for some time previous.

The pensioner had no income other than the pension received and had been ill a long time previous to his death, so that there is now owing Mr. Earley \$476.00 for doctor bills and funeral expenses connected with Mr. Bertrand's illness and death.

We wish information on the following:

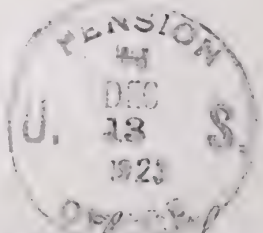
Can Mr. Earley receive the \$100.00 burial expense allowed for Veterans dying without sufficient funds for burial. Can he collect the accrued pension due Mr Bertrand at time of death, and will the Government allow anything toward extra care and doctor bills paid by him.?

If blanks are available on which to make any of the above application we will upon receipt of same assist man to fill them out. If not please give us all the necessary information for the application of various amounts.

Thanking you in advance for this assistance, we are,

Very truly yours.

Harriet A. Cameron
Director Post War Service.



1919

August 1 1881 10

| | | |
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| August 30 | 1000000 | 10 |
|-----------|---------|----|

Oct 18 1911

out 80 10

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25 11 11 100 10

1930/10

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| Feb 15 | 11 | 11 | 11 | 18 |
|--------|----|----|----|----|

10

10

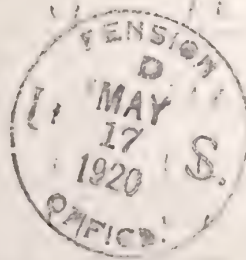
10

11 MAY 1968

20 17 1920 S. 10

March 21 11

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|-----------|----|----|----|----|
| August 25 | 11 | 11 | 11 | 10 |
|-----------|----|----|----|----|



1920
 March 27 11 1920 100
 April 30 11 100
 April 1 11 100
 April 5 11 100
 April 10 11 100
 April 12 11 100
 April 12 11 100



Paid by Treasurer

From Mrs. Charles Jacob

Telephone Calls

For Mr. Frank Bestrom

Called by Mr. Jule Hallet

For Doctor Kerschner.

" (24) Calls.

Each Call cost (35) cents

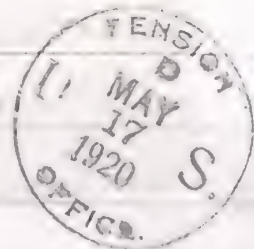
Mr. Jule Hallet.

St. Cloud

Wisconsin

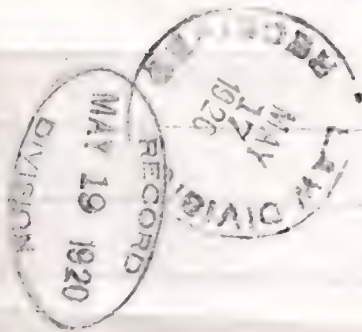
June 4

1918



Left
side

Called to Green Bay for his son
Cost 40 cents.



ACT OF MAY 11, 1912.

1.806,705

Reissue



BUREAU OF PENSIONS

It is hereby certified *That, in conformity with the laws of the*
United States Francis Bertrand,
who was a Private Co. H 34th Regiment Wisconsin Infantry
is entitled to
a pension at the rate of Nineteen, *dollars per month, to*
commence June 8, 1912, and Twenty-two and one-half dollars per
month from June 1, 1915

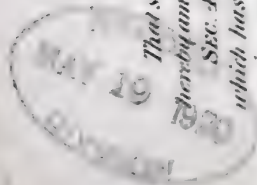
Given at the Department of the Interior, this
third *day of* April
one thousand nine hundred and thirteen
and of the Independence of the United States
of America, the one hundred and thirty-seventh

Assistant Secretary of the Interior

Countersigned,

Commissioner of Pensions
R. E. G.

Former payments covering any portion of the same time to be deducted.



That section forty seven hundred and forty five, title fifty seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4145.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be, granted or issued, or who shall hold the same as collateral security, for any debt, or promise, or upon any pretext of such security or promise, shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 806,705
PENSION CERTIFICATE OF

Francis Bertrand,

Payable Quarterly

by the

U. S. Pension Agent

at

Milwaukee



Handy.

Clerk.



-812

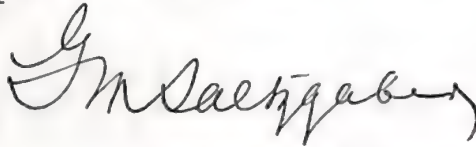
6-5172

Group 1

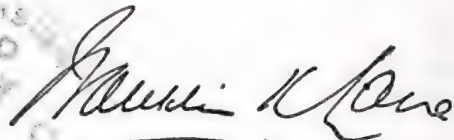
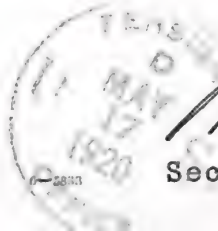
TO BE SECURELY ATTACHED TO THE PENSION CERTIFICATE.

Inv. Ctf. 806705DEPARTMENT OF THE INTERIOR,
Bureau of Pensions,
Washington, D. C.Soldier Louis Berland

Pursuant to the Act of Congress approved by the President June 10, 1918, amending the Act of May 11, 1912, the pension in the above-described case is increased to \$ 32 per month, commencing June 10, 1918.



Commissioner of Pensions.



Secretary of the Interior.



Act of Feb. 6, 1907.

Cert. 806,705

Name, Francis Bertrand

Application filed June 11, 1900,

Service, H. B. W. Inf.

INCREASE.

Claim to

No. 806, 705

Frank Bertrand

P. O., Lonek

County, Kewanee

State, Wis.

Application filed, May 3^d, 1897

State Service, No. 34th Wis. Inf.

Sept 29th 1899 H.G. returned
claim marriage circular
letters to Noel. Claim for
cont. of rheumatism, W.S.H.
Bd Ex at Green Bay, Wis. Notice
to Atty King

Disability,

Attorney, Geo. H. King

P. O., Kewanee

County,, State, Wis.

(Order — 100 M.)

3-1638.

INCREASE.

Cert. No. 806,705,
Francis Bertrand,
P. O., Kennan,
County, Price,
State, Wis.

Application filed June 28, 1904,
Service, *u x*

H 34 Wis. Inf.

SEP 6 - 1904 *att to Medford, Wis. D.
and Atty's Taber & Whitman Co. advised. J. G. D.*

Attorney, Taber & Whitman Co.,
P. O., City,
County, , State,

(167-50,000.)

B

Wm



6/16
176

1647.

~~Hartford~~

Act of Feb. 6, 1907.

Cert. 806, 705

Name,

Francis Bertrand
Kennan
Price Co. Wes.

Application filed

Aug 29, 1908

Service,

W 34 W. S. Inf
Sept. 16. 1908,

Claimant for proof of
birth. W. E. H. Ex,

Oct 10-109 Clust
proof of date of birth.
if not. State for answer.

EMJ

BS

RECEIVED
SEP 9 1967
BEST COPY

Brandon
Horton (3-217.)

INCREASE.

Claim to N. D.
Ct. No. 806705
Francis Bertrand
P. O., Tonnet
County, Newauine
State, Wis.

Application filed, July 2, 1885
State Service: H. 34 Wis. Ex.

July 21/93
Ex. Green Bay Wis. Ct.
Letters to Hoebecks &
Noel as to origin & content.
Letters to Jonet & Vandermild
and Phil.

Hon. P. Sawyer and Ex. Dec 14/94 OSB.

Ct. for content,
Disability Rheumatism

Attorney, Ct.
P. O.,
County, , State,

Sept. 29. 99. AG. returned;
Clarin. marriage circular.
Letters to Noel. 01

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 806705-

Francis Bertrand

P. O., Kennan

County, Price

State, Wisc.

Application filed Dec. 23, 1905

Service,

H-34-Wisc. Sup.

Jan'y, 11-1906. Med. Div'n.
J.P.C.

JAN 12 1906
Ex. Bd. Bruce, Wisc. Sup.
Jaber & Whitman Co. notified
June 9/06 of failure to
appear to claim and of
July 31, 1906 Med. Div'n.
attys

Attorney, Jaber & Whitman Co.

P. O., Washington

County, , State, D. C.

(181 100m.)

W.D.

AUG 6-1906

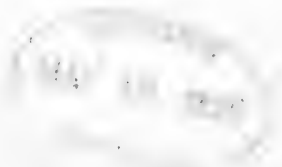
Bd Lady Smith Wis.
notified Faber & Co
CDH

Francis Bertrand,
Succumbing, Wis.
Town of Red River.

A services nursing and
constant attendance from
Dec 9-1918 to Apr 13-1920
16 months @ \$15⁰⁰ 240⁰⁰

Desire Earey





\$6.00

Received of

April 15 1920

Desire Erley

Six

DOLLARS

for digging the grave

Felix Forret

119

RECEIVED
MAY 17 1920
S.
OFFICE.

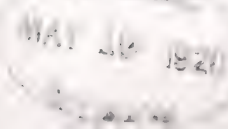
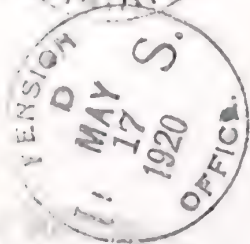
RECEIVED
MAY 17 1920
DIVISION

RECEIVED
MAY 19 1920
DIVISION

April 15th 1920

Received from Leslie Harold
Seven ⁰⁰ Dollars

for funeral services of Mr. Frank Britton
by ¹⁰⁰ ~~Mr. Frank Britton~~
\$ ~~7.00~~ ¹⁰⁰



The County
of ...
...
...
...
...
...

S-C 806705

one
JX 1/10

July 24, 1924

Manager District #8,
U. S. Veterans' Bureau,
111 North Canal Street,
Chicago, Illinois.

O-317
Francis Bertrand
Civil War Veteran
LFB-Jee

Your Ref: A-7-MK

Dear Sir:

Receipt is hereby acknowledged of the voucher in the amount of \$100 in favor of Desire Marly of Luxemburg, Wisconsin, which was recently forwarded to this Bureau by your District, accompanied by evidence in support of the above mentioned burial claim. Please be advised that the voucher has been forwarded to the Finance Division for further consideration. Mr. Marly should, therefore hear from same within a reasonable length of time. All communications relative to this claim should bear the above reference.

For the Director,

CHARLES E. MULHANN,
Assistant Director in Charge of
Claims and Insurance Service.

UNITED STATES VETERANS BUREAU

MEMORANDUM

From Chief, Claims Division
To Chief, Accounting Division
Subject François Bertrand, Civil War Vet.

02-11626

Date July 19, 1924.

O. 317 LFB/eas.

I hereby certify to the charge on the attached voucher in the amount of \$10.00 for a suit, as a proper charge for clothing.

H. H. Milks,
Chief, Claims Division.

PUBLIC VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

APPROPRIATION:

The United States,

To *Desire Early*, Dr.

OFFICIAL STATION:

Lokenburg Wisconsin.
Address

(To which check will be sent)

~~burial expenses~~
For reimbursement of travel expenses incurred in the discharge of official duty from
Sept. 13, 192 , to *Sept. 14*, 192 , under written authorization
from the _____, dated _____, 192 , a copy
(Title)
of which is attached hereto and forms a part of this account, as per itemized
schedule annexed hereto.

TOTAL

AMOUNT

DIFFERENCES

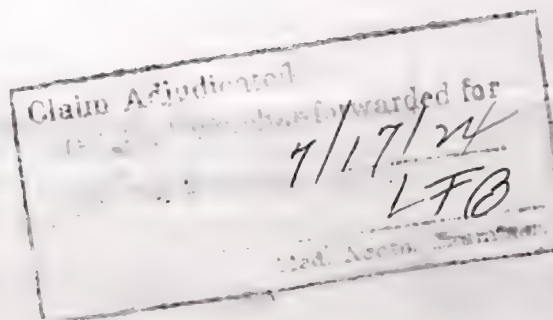
Payee must not use
this column

100.00

EXAMINED BY

MEMORANDUM VOUCHER

shown to



Paid by _____, Disbursing Clerk,

(Name)

U. S. Veterans Bureau, _____, by check on the

(Station)

Treasurer of the United States in favor of the payee named above; No. _____ dated _____

GENERAL INSTRUCTIONS

1. This form of voucher will be used in accounting for actual necessary expenses of travel. Where an account is too large to be stated on this form use continuation sheets, and fasten them together in the upper left-hand corner. Fill in the form on the back of this voucher, showing how transportation requests were used. Accounts must embrace each and every item of expenditure pertaining to the period for which the account is rendered.

2. Each account must be sworn to by the person rendering it, in the form of oath prescribed on the face of this form. Officers and employees traveling upon official business of the Bureau, other than those receiving a per diem allowance, or mileage, in lieu of subsistence or actual expenses, under express provisions of law, are expected to travel as though on their personal business, and will be allowed their actual travel expenses, usual and essential to the ordinary comfort of travelers, as explained and embraced in the Travel Regulations of this Bureau as published in General Order No. 18. The provisions of this Order must be strictly observed in order to avoid suspensions and disallowances in the settlement of accounts. Copies of the Order will be furnished upon application.

ITEMIZED SCHEDULE OF TRAVEL EXPENSES, AND OTHER EXPENSES INCURRED UNDER STRESS OF URGENT OR UNFORESEEN PUBLIC NECESSITY

| DATE 1920 | CHARACTER OF EXPENDITURE (To be itemized by the day) | SUB- VOUCHER NUMBER | AMOUNT | | DIFFERENCES (This column not to be used by payee) |
|--------------|---|---------------------------|----------------------------------|--|--|
| | | | TRANSPORTATION ITEMS ONLY (1) | ITEMS OTHER THAN TRANSPORTATION (2) | |
| | Reimbursement of money expended for burial services rendered to Francis Bertrand deceased Civil War Vet. who died April 13, 1920. | | | | |
| Apr. 13 | Casket | | 90.00 | | |
| | Embalming | | 15.00 | | |
| | Suit | | 10.00 | | |
| | Hearse | | 15.00 | | |
| | Box | | 13.00 | | |
| | | | 143.00 | | |
| | Govt allow | | 100.00 | 100.00 | |
| | Form 536, Death certificate, copy of discharge attached. | | | | |

2-11-23

JJ1 6-6 24

TOTAL 100.00

" of Column 1

" of Column 2 100.00

TOTAL 100.00

Keep on outside of case until final action is taken

CLEARANCE SECTION**ABANDONED**

Invalid

~~Widow~~~~Orig.~~

Ctf.

806 703

Name

Bertrand

PENDING

CHECK

Act May 11, 1912

Act April 19, 1908

General Laws

Other Acts

In case of error, bring papers to Clearance Desk.

REIMBURSEMENT

✓

John M.

MAY 3 1920
BUREAU OF PENSIONS

Luxemburg Wis

April 28 1920

The Commissioner of Pensions
Washington D.C.

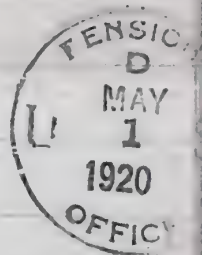
Dear Sir.

Will you please send me
the Form or blank is for the
reimbursement for expenses of last
sickness and burial of
Francis Bertrand deceased.
Certificate No. 806,705

Yours Truly.

Mrs Desire Erley.

R.F.D. No. 5 Luxemburg Wis.



State of Wisconsin }
County of Kewaunee } SS.

I, MARTHA C. SCHAUER, Deputy Register of Deeds, in and for
said County and State, do hereby certify that the within is a true and correct copy of DEATH
of JAMES BERTRAND, as recorded in this
office in Volume 5 of Deaths at page 434

IN WITNESS WHEREOF, I have hereunto set my hand and
official seal at the Court House in the City of Kewaunee, this

15th day of March A. D., 1924.

M.C. SCHAUER

Register of Deeds

By

Martha C. Schauer
Deputy Register



April 24, 1934.

A7- WK

Desire Early,
RFD #5,
Luxemburg, Fla.

Dear Sir:

In order that reimbursement of money expended for funeral services rendered to Francis Verbray, may be given consideration, it will be necessary for you to submit a fully itemized and properly receipted bill, showing for whom services were rendered, nature of services and fees charged for each. Bill should also be receipted showing the name of the person who has paid same.

In support of this bill, it will be necessary for you to fill in the attached form 576 and submit a copy of deceased's military discharge.

When the above has been accomplished, forward all papers to this office for the attention of A7-WK.

By direction:

W. G. Elden,
District Auditor,
U.S. Veterans' Bureau.

Handwritten text, possibly a signature or name, written across the page.

orig In No 531.314 Francis Bernhard
Co H 34 Wt. Inf.

State of Wisconsin
County of Brown

Eugene Cravallin being
duly sworn says - I am 49 years of age
and a farmer - I live in the Town of Lux-
emburg Keweenaw Co Wis and my P.O.
address is Malham Keweenaw Co Wis
I have lived there on the same farm for the last
34 or 35 years - I am well acquainted with
Francis Bernhard also named - Bernhard came
to this County about 2 years after I did & I
have been well acquainted with him ever since
for 32 or 33 years - lived within half a mile of
him during all the time - he was healthy &
well until he was drafted - when he came
back he was sick with fever and ague and diarrhoea
during all the time since he came back from the
war - I have been in the habit of visiting him
often frequently - almost always saw him on
Sunday and often during the week -
for five or six months he was confined to the
house and entirely unable to work and
although the weather was hot he complained
of being cold - after that at times he had fever
and ague - always in the spring and from time
to time had diarrhoea - and each year after
the first six months he has been disabled by the
fever and ague & diarrhoea from the performance
of manual labor to at least the extent of one
half - I have no interest in his claim for
pension - I have often helped him with his

Eugene Cravallin

work and my wife has made clothes
for his children - his wife died about 4
years ago left him with eight children -
he is and always has been very poor
he has only 40 acres and it is very poor land
and the neighbor has always helped him
Wm. Eugene ^{his} Cavillien
mark

Charles E. Bunker

D. H. Wignou

Subscribed sworn to before
me this 18th day of October A.D. 1888 & I certify
that affiant who made his mark in my
presence is a reputable person entitled to credit -
that the foregoing affidavit was carefully
read & fully explained to him before swearing -
that I have no intent doubt or misgiving in the
presentation of this claim for pension &
that a certificate of my authority as Justice
of the peace is on file in the pension Bureau

D. H. Wignou
Justice of the Peace
No. 10. This.



W.D. eff. No. 806705
Francis Bertrand
Co. H, 34 Reg't Wis. Inf.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS,

WASHINGTON, D. C.

Return this letter with your reply.

July 21, 1893.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Eugene Crovillier,
Walhain,
Wis.

W. Lochron

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer:

About the last part of August 1869.

Of what disability did he complain, and how was he affected?

Answer:

Asqu. Fever

How frequently have you seen him since your first acquaintance?

Answer:

Every day

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer:

The man Frank Bertrand is unable to do any manual labor on account of being continually attacked with the ague.

My means of knowing the facts of the case are these:

That I am his next of kin so I see him every day.

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Eugene Crovillier
mark

This is to certify that Guyon Beaulieu
is unable to work, so he employed his
neighbor Joseph P. Dickey...

Orig. No. W 531314 Francis Bertrand
Co H 34 Wis Inf.

State of Wisconsin
County of Brown

Felix Manselle being duly
sworn says - I am 45 years of age - am a Farmer - I live
in the Town of Luxemburg Keweenaw Co Wis.
My P.O. is Walhain Keweenaw Co. Wis.
I have lived there for 32 years - I am well acquainted
with Francis Bertrand above named - have been
well acquainted with him for the last 32 years.
until about 20 years ago I lived about two miles
from him but was one of his nearest neighbors -
for the last 20 years I have lived within one mile
from him. during all the time I was acquainted
with him except while he was in the army -
I saw him almost every Sunday and frequently
during the week - he was well and healthy before
he was drafted - I saw him when he came back
he was sick for I think 5 or 6 months -
he had fever and ague and chronic diarrhoea -
he could not do any work then - after that he could
work some - he is still troubled with diarrhoea every
few weeks - and has the fever and ague every
Spring - I believe he has been disabled during each
year since he came back to at least the extent
of one half for the performance of manual labor -
I have many a time helped him with his work
and the other neighbors have - he has only 40
acres of land, it is poor - he has eight children,
his wife died 4 years ago - he has been helped
by neighbors and by the Town all the time -

I know that Dr. Charles Jamin treated him
frequently until he died. He also came to Green
Bay when he was under the care of Dr. H. C. Brown
who is also dead.

I have no intent in this claim.
Witness Felix ^{his} X Marselle
March

Charles L. Brunker
D. V. Brunker

Subscribed sworn to before me this 18 day of October
A.D. 1888 & I certify that affiant who made his
oath before me in my presence is a reputable person
and entitled to credit that the foregoing affidavit
was carefully read & fully explained to him before
me - that I have no intent direct or
indirect in the prosecution of this claim & a
certificate of my authority as Justice of the
Peace is on file in the Census Bureau -

D. V. Brunker
Justice of the Peace
Rt. Co. Wis.



W.E.H.

(3-061.)

CALL No. 10.

West.

Division.

Department of the Interior,

BUREAU OF PENSIONS,

APR 10 1897
April 7, 1897.

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report from the records of his
Office as to the presence or absence, on or about
May to Sept., 1863,
Sergt. Louis Boebrechts
and Pri. Victor Maeb

Co. H. 34th Wis. Inf.

and the station, at that date, of the said
command

Orig. Rec.

Claim No. 58214.

Francis Bertrand
Pri. H. 34th Wis. Inf.

John Shann
Commissioner.

Address "The Officer in charge of the Record and Pension Division,
War Department, Washington, D. C."

War Department,

Record and Pension Division,

Washington, APR 9 1892, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Louis Boebrechts and
Victor Maeb

mentioned in the preceding endorsement ~~was~~ present
during the period named in that endorsement ~~except~~
as follows:

U. S. with Co. Sept. 5. 63

During the period named the station of the company
and regiment was as follows:

Oct. 30. 63 Fort Warren Columbus Ky.
June 30. 63 War. Memphis Tenn.
Sept. 8. 63 Milwaukee Wis.

By AUTHORITY OF THE SECRETARY OF WAR :

William W. ...

Major and Surgeon, U. S. Army.

Per m.

(323)

W. E. A.

(3-061.)

CALL No. 10.

West.

Division.

Department of the Interior,

BUREAU OF PENSIONS,

Nov. 5, 1891.

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about

Jan'y to Sept., 1863,

of 2d Lt Leonard La Plante
and 1st Surg. Theodore Koepff

of 34th Wis. Inf.

and the station, at that date, of the said
command

Orig. Inw

Claim No. 531,314.

Francis Bertrand
co. "H" 34th Wis. Inf.

Commissioner.

Address "The Officer in charge of the Record and Pension Division,
War Department, Washington, D. C."

War Department,

Record and Pension Division,

Washington, NOV 7 1891, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Leonard La Plante
and
Theodore Koepff

mentioned in the preceding endorsement were present
during the period named in that endorsement except
as follows:

Both M. O. with
organization Sept.
8, 1863.



During the period named the station of the company
and regiment was as follows: Jan 1/63

Cp. Washburn, Wis.
Apr 30 Columbus Ky
June 30 Memphis Tenn
Sept 8/63 Milwaukee Wis

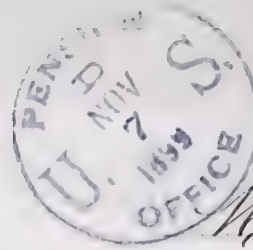
BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Ainsworth
Major and Surgeon, U. S. Army.

Per

(320)

3-489.



West, Div.

W.C.H., Ex'r.

W.C.H. No. 806, 705.
Francis Bertrand,
Co. "H," 34th Regt. Wis. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept 29, 1899.

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by Francis Bertrand, while in the service to which you have testified.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

J. L. Davenport

Acting Commissioner.

Mr. Victor Noel,

Green Bay,

Wis.

Victor Noel

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

Post-office address:

Green Bay, Wis.

November 4th, 1899

SIR:

In reply to your request I have to state that He was confined in the regimental hospital at Memphis Tennessee in July 1862 with Malarial fever, & diarrhoea, followed by Rheumatism about August 10th or 15th 1862. The aforesaid disabilities, namely Rheumatism, & diarrhoea - (which are now chronic) have grown worse year after year.

Very respectfully,

Victor Joel

COMMISSIONER OF PENSIONS,

Washington, D. C.

3-056.

West, Div.

West, Ex'r.

U. S. Off. No. 806,705, Department of the Interior,
Francis Bertrand, BUREAU OF PENSIONS,
Co. H, 34th Regt. Wis. Inf.
Washington, D. C., Sept. 29, 1894.

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Victor Noel,
Green Bay,
Wis.

J. L. Davenport
Acting Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: We came home together in Sept. 1863

Of what disability did he then complain, and how was he affected?

Answer: Diarrhoea and Rheumatism

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Yes, - Bring neighbors saw him most every day - Lame from rheumatism, walking with a stick (or cane) + diarrhoea - getting worse every year - over one half disabled

Very respectfully,

The COMMISSIONER OF PENSIONS.

Victor Noel

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

mu.
806705
Milwaukee

3-357.

Ext. No. 806705

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Francis Bertrand
P. O. Kennan Rank Private
County Price Company H
State Wisconsin Regiment 34 Wisconsin Vol. Inf.
Rate, \$ 12 per month, commencing September 5, 1906

Pensioned for total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Taber and Whitman Co. Fee, \$ 2
P. O. Washington, D. C. Agent to pay.

APPROVALS.

Submitted for Oct 13, 1906 E. J. Gelschell, Examiner.

Approved for Disease of Rectum and
Senile Debility (old)

Approved for Rheumatism, disease of
stomach and senile debility

Rheumatism, Chronic Diarrhea,
and Malarial poisoning, Nov 5,
alleged Dec 23 1905.

Aggregate of disabilities shown, permanent in character: \$ 12
from September 5 1906

Atrophy of muscles of right leg,
and Disease of Stomach -
(Order 71)

_____, 190____, J. S. Little, Legal Reviewer.
_____, 190____, _____, Reviewer.

Bennet, Medical Examiner.
Oct. 18, 1906, _____, Medical Referee.

Enlisted Nov 24th, 1862, honorably discharged Sept 8th, 1863
Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ 10 per month. Last paid to _____
disease of rectum and senile debility

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Dec 23, 1905, alleges increase of de-
bility from pensioned causes - also
rheumatism, chronic diarrhoea, malar-
ial poisoning

Claimant does not write.
Certificate not filed.

W. E. Brown, M. C.
ad.

DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900.

State of Wisconsin }
County of Price } ss :

On this 20th day of December, A. D. one thousand nine hundred and

five, personally appeared before me, Chas. J. Pader

a Notary Public

within and for the County and State aforesaid

Francis Bertrand, aged 66 years, a resident of

Kennan, County of Price, State of

Wisconsin, who being duly sworn according to law, declares that he is a

pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number

806705, and duly enrolled at the Milwaukee Pension

Agency, at the rate of ten dollars per month, having served in

the military service of the United States

(State whether military or naval)

Co H 34 Wis. Vols

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that his present physical condition is such that he believes himself entitled to receive an increased rate under the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; ~~he having attained the~~ age of ~~years~~ and now suffers from rheumatism, chronic

diarrhoea and resulting disease of rectum,
(Here state the name or nature of each disability with which you are afflicted.)
and malarial poisoning.

That he is wholly disabled in the per-
formance of manual labor

all of which are permanent in character, and not due to vicious habits.

He hereby appoints with full power of substitution and revocation,

Taber & Whitman Co.,

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Kennan, County of Price

State of Wisconsin

Francis Bertrand
his
Signature of claimant.



Also personally appeared Matthew Smustick Jr. residing at Seaman, Wis., and John Gilbert residing at Seaman, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Bertrand the claimant Make his mark
(Name of claimant.) (Sign his name or make his mark.)

to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Matthew Smustick Jr.
John Gilbert
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark

(1) _____

(2) _____

SWORN TO AND SUBSCRIBED before me this 20th day of December

A. D., 1905, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words _____
(If any words have been erased in the application, enter them here.)

_____ erased, and the words _____
(If any words have been added in place of any erased, enter them here.)

added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Chas. J. Bader
(Signature of magistrate.)

Holding Public
(Official character.)

[L. S.]

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations as indicated above.

Declaration and power of attorney valid
S. A. Cuddy,
Chief, Law Division
Per W. L. B. 12/27
Commission expires February 10th, 1907

Certificate No. 806705

File.

INVALID.

Claim for Additional Pension.

ACTS OF

June 27, 1890, and May 9, 1900.

Francis Bertrand Applicant

W. L. B. Regt

Wise J. Vols.

Enlisted _____ 18

Discharged _____ 18

FILED BY

TABER & WHITMAN CO.,

ATTORNEYS.

Lock Box 2425.

WASHINGTON, D. C.

DEC 27 1905
DIVISION

can
806705
Milwaukee
Additional

3-356.
Ina Briggs
Act of June 27, 1890.

INVALID PENSION.

Cert. 806705

Claimant, Francis Bertrand

P. O., Kuman

County, Price

State, Wisconsin

Rate, \$10 per month, commencing April 21, 1904

Rank, Private

Company, H

Regiment, 34th Wis. Inf. Regt.

Order of subpayments.
Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, J. E. Wilman Co.

P. O., Washington D. C.

Fee, \$10

Agent to pay.

APPROVALS.

Submitted for Sept 15, 1904, E. H. Lawrence, Examiner.

Approved for rheumatism, neuralgia, chronic diarrhoea and indigestion, chronic ulcer, and other diseases.
Deduct sub payments, general, and drop thereunder.

Approved for Disease and Service disability

Aggregate of disabilities shown, permanent in character: \$10.

Nov. 25, 1904, J. E. Wilman Co., Legal Reviewer.
Dec. 5, 1904, J. E. Wilman Co., Re-Reviewer.
Nov. 29, 1904, J. E. Wilman Co.,
Dec. 6, 1904,

Wolman, Medical Examiner.
Dec 1, 1904, Medical Reviewer.
Medical Referee.

Not pensioned under other laws at \$8. per month for indeterminate disability.

Enlisted Nov. 24, 1862, and honorably discharged Sept 8, 1863.

Reenlisted, 18, honorably discharged, 18.

Declaration filed April 21, 1904, alleges permanent disability, not due to vicious habits, from rheumatism and neuralgia.

ke, M. C.

Claimant does not write.

DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900, and order of Commissioner of Pensions promulgated March 16, 1904.

State of Wisconsin
County of Pierce ss:

On this 16th day of April, A. D. one thousand nine hundred and

four, personally appeared before me, Chas. J. Bader
a Notary Public within and for the County and State aforesaid.

Francis Bertrand, aged, 67 years, a resident of
Kennan, County of Pierce, State of
Wisconsin, who being duly sworn according to law, declares that he is a

pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number
806705, and duly enrolled at the Milwaukee, Wis. Pension
Agency, at the rate of Eight dollars per month, having served in
the military service of the United States a Private
(State whether military or naval.)

Co. A. 34th Reg. Wis. Inf.

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that
his present physical condition is such that he believes himself entitled to receive an increased rate under
the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; and the order above referred to
he having attained the age of 67 years and now suffers from Rheumatism.

Here state the name or nature of each disability with which you are afflicted.

all of which are permanent in character, and not due to vicious habits.

He hereby appoints with full power of substitution and revocation,

Taber & Whitman Co.,

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Kennan, County of Pierce

State of Wisconsin

Francis Bertrand
his
Signature of claimant.
Mark



Also personally appeared Ed. Hewitt, residing at Georgetown, Wis., and John Gilbert, residing at Kennan, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Bertrand, the claimant, make his mark.
(Name of claimant.) (Sign his name or make his mark.)

to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Ed. Hewitt
John Gilbert
Signatures of witnesses to identity of applicant.

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.

(1) _____

(2) _____

SWORN TO AND SUBSCRIBED before me this 16th day of April, A. D. 1904, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words _____
(If any words have been erased in the application, enter them here.)

[I. S.] _____ erased, and the words _____
(If any words have been added in place of any erased, enter them here.)
added; and that I have no interest, direct or indirect, in the prosecution of this claim, and am not concerned in its prosecution.

Chas. G. Bader
Signature of magistrate
Notary Public
Official character.

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations as indicated above.

Certificate No. 806705
File 0
INVALID.
Claim for Additional Pension.
ACTS OF
June 27, 1890, and May 9, 1900.
and Order of March 16, 1904.
Francis Bertrand applicant
Co., 26 34th Reg't, Wis. 18
Enlisted 18
Discharged 18
FILED BY
Taber & Whitman Co.,
Attorneys,
LOCAL BOX 425 G. WASHINGTON, D. C.
APR 25 1904
RECEIVED
DIVISION

107M

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.
Act July 14, 1862.

State of Wisconsin } ss:
County of Price

On this 24th day of June A. D. one thousand nine hundred
and four personally appeared before me Chas. J. Bader
a Notary Public within and for the County and State aforesaid
Francis Bertrand aged 67 years, a resident of
Kennan, County of Price State of
Wisconsin, who, being duly sworn according to law, declares that he

is a pensioner of the United States, duly enrolled at the Milwaukee Pension
Agency, at the rate of eight dollars per month, by certificate
No. 806705, for disability due to Chronic diarrhoea and
resulting disease of rectum and malarial
poisoning
(State the disability just as it is written in your pension certificate.)
incurred in the service of the United States while serving as a

Co. H 34 Wis. Inf
(Give rank company and regiment, or other organization
if in the army; and rank and vessel, if in the Navy.)
and he believes himself entitled to an increase of pension upon the ground that his present rating is
incommensurate with the degree of incapacity resultant from the disabilities named in his Pension
Certificate, and that there has been a material increase of disability since his last medical examination by
U. S. Examining Surgeons

He hereby appoints with full power of substitution and revocation,

Taber & Whitman Co.,

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

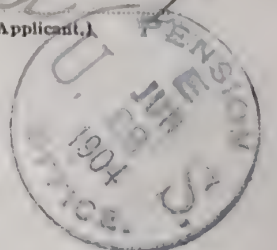
That his Postoffice address is Kennan Price Co. Wis.
(Give Town, County and State.)
Francis Bertrand
(Signature of claimant.)

Also personally appeared John J. Bader, residing at
Kennan, Wis., and John Gilbert, residing at
Kennan, Wis., persons whom I certify to be respectable and entitled to credit,
and who, being by me duly sworn, say they were present and saw Francis Bertrand
the claimant, sign his name, (or make his mark) to the foregoing declaration; that they have every reason
to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical
person he represents himself to be; and that they have no interest in the prosecution of this claim.

Two attesting witnesses to signatures by X mark:

- (1) _____
(2) _____

John J. Bader
John Gilbert
(Signatures of witnesses to identity of Applicant.)



ATTY FILED

SWORN TO AND SUBSCRIBED before this 24th day of June
A. D. 1907, and I hereby certify that the contents of the above declaration, &c.,
were fully made known and explained to the applicant and witnesses, before
swearing, including the words _____
(If any words have been erased in the application, enter

{I. S.

(them here.)

_____, erased and the words

(If any words have been added in place of any erased, enter them here.)

_____, added;

and that I have no interest, direct or indirect, in the prosecution of this claim.

Chas. G. Bader
(Signature.)
Notary Public
(Official character.)

My commission expires February 10th, 1907

Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

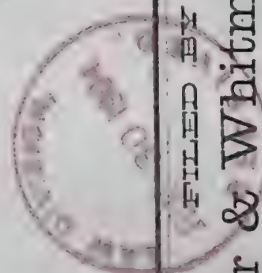
INVALID.

CLAIM FOR PENSION

INCREASE.

Act of July 14, 1862.

Francis Bertland
Co. H 34 Reg't
Wise Inf Vols.
No. of Pension Certificate 806705



Taber & Whitman Co.,

Attorneys,

LOCK BOX 425-G, WASHINGTON, D. C.

Two briefs

3-355.

Rebate No. 806,705

Increase

INVALID PENSION.

Claimant

Francis Bertrand

P. O. Kewan

County, Price

State, Wisconsin

Rank, Private

Company, H

Regiment, 34. Mixed S. Co.

Rate, \$ per month, commencing

REJECTED

Pensioned for

RECOGNIZED ATTORNEY.

Name, J. E. Wilkman Co.

P. O., City

Fee, \$ 25; Agent to pay.

Articles filed, 1

APPROVALS.

Submitted for Nov. 18, 1904, E. A. Duncan, Examiner.

Approved for Chronic diarrhoea and resulting disease of rectum & malarial poisoning

Approved for Chronic diarrhoea and resulting disease of rectum, and malarial poisoning.
8/18 - Not increase.

Nov. 25 1904 J. E. Wilkman

Legal Reviewer.

Wilkman

Medical Examiner.

Medical Reviewer.

Dec 11th

1904

Forster

Medical Referee.

Enlisted Nov. 24, 1862. Discharged Sept. 8, 1863. Last paid to 1

Pensioned at \$ 8. per month for Ch. diarrhoea & disease of rectum & malarial poisoning

PRESENT CLAIM.

Declaration filed Jan. 23, 1904, Increase in pension to \$ 12.00 per month for Ch. diarrhoea & disease of rectum & malarial poisoning

Claimant does not write.

INVALID PENSION.

Claimant,

Francis Bertrand

Ct. 806,705

P.O.,

Tonet.

County,

Keweenaw.

State,

Wisconsin.

Rank,

Private

Company,

H.

Regiment,

34th Wisconsin Vol. Inf.

Rate, \$

8.

per month, commencing

October 18, 1899.

Disabled by

Chronic diarrhoea ^{malarial poisoning} res. dis. of rectum

RECOGNIZED ATTORNEY:

Name,

George W. Wnig

Fee \$

2.

, Agent

to pay.

P.O.,

Keweenaw, Wis.

Articles filed

, 18

APPROVALS:

Submitted for

Ad. May 19, 1900.

Approved for

Chronic diarrhoea and resulting disease of rectum, and malarial poisoning.

Approved for

Wm. E. Horton, Examiner.
Chronic diarrhoea and resulting disease of rectum and malarial poisoning from October 18, 1899.

May 24, 1900.

P. Pearson, Legal Reviewer.

Enlisted

November 24, 1862.

Discharged

September 8, 1863.

Pensioned from

Feb'y 2, 1885.

Original declaration filed

, 18

; alleged

Arrears allowed from

, 18

, to

, 18

, at \$

PRESENT CLAIM.

Declaration filed

May 3, 1897.

Inc. on pensioned claim also shown ~~malaria previously alleged in declaration filed Feb'y 2, 1885, but not claimed as of service origin.~~

Claims not to

ORIGINAL INVALID CLAIM.

Soldier, Francis Bertrand, of Alabama
 P. O., Green Bay, Rank, Pri.
 County, Brown, Company, "H"
 State, Wis., Regiment, 34th Wis. Vol. Inf.
 Rates, \$ 4 per month, commencing July 2, 1885
and \$6 from March 19 1890

Ch. diarrhoea & res. dis. rectum

Pensioned for Ch. diarrhoea & res. dis. rectum
& malarial poisoning
No RECOGNIZED ATTORNEY.
 Name, Claimant his own atty, Fee, \$- , Agent, _____ to pay.
 P. O., _____, Articles filed _____, 18 ____

APPROVALS.

Approved for chronic diarrhoea & results
 Submitted for ab July 7, 1892, Wm E Horton, Examiner.

Approved for chronic diarrhoea and
malarial poisoning
 Approved for chronic diarrhoea and
resulting disease of rectum and
malarial poisoning 4/18 to
March 19 1890 and 6/18 thereafter

Rating 97

Aug 4 '92, 189 , Jewell, Legal Reviewer. Abel A., Med. Ex'r, 9/6, Med. Reviewer,
Aug 17, 1892, Re-Reviewer. Aug 17, 1892, Med. Referee.

IMPORTANT DATES.

Enlisted, Nov 24, 1862, service from _____
 Mustered _____, 18 ____ , to _____, 18 ____ , in
 Discharged Sept. 8, 1863
 Declaration filed Feb. 2, 1886, Not in service since Sept 8, 1863
See Decln

BASIS OF CLAIM.

Claimant alleges that at Memphis Tenn. in July
 1862 he contracted chronic diarrhoea and was sick
 until discharged and until he got home and up to Jan'y
 1864 and since that time he has been afflicted with
 rheumatism and fever and ague.

ORIGINAL INVALID CLAIM.

Soldier, *Francis Bertrand*
 P. O., *Robinson* Rank, *Private*
 County, *Brown* Company, *36-*
 State, *Wis* Regiment, *34th Wis. Vol. Inf.*
 Rates, \$... per month, commencing...

REJECTED
 MAY 10 1888

Pensioned for

RECOGNIZED ATTORNEY.

Name, *Shurt* Fee, \$..., Agent... to pay.
 P. O., *Worce* Articles filed..., 18...

APPROVALS.

Approved for *ref.*
 Submitted *April 16*, 18*88*; *M. S. Robt.*, Examiner.

Approved for

Approved for

Refused on the ground of
Claimant's failure after a reason-
able time, to furnish any evidence to
establish the claim.

M. S. Robt., Legal Reviewer, *Med. Ex'r*, *Med. Reviewer*,
April 18, 188*8*, *Re-Reviewer*, *1888*, *Med. Referee*.

IMPORTANT DATES.

Enlisted Nov. 24, 18*82* service from...
 Mustered..., 18... to..., 18... in...
 Discharged *Sept. 8*, 18*83*
 Declaration filed *July 2*, 18*86* Not in service since *Sept. 8*, 18*86*.

BASIS OF CLAIM.

Surrounding eye, and chronic drunkenness, Memphis,
Tenn. July 6 80.

HISTORY OF ATTORNEYSHIPS.

| | | |
|-----------------------|------------|------------------------------|
| 1st appointment | , 18 | Name and P. O. |
| By | | Recognized, or why not |
| 2d appointment | , 18 | Name and P. O. |
| By | | Recognized, or why not |
| 3d appointment | , 18 | Name and P. O. |
| By | | Recognized, or why not |

do
806705
issue
11

3-364.

Original

Certificate No.

806705

ACT OF FEBRUARY 6, 1907.

Claimant

P. O.

County,

State,

Rate, \$

Francis Bertranel
Lewenburg
Keweenaw
Wisconsin
Rank, Private.
Company, H.
Regiment, 34 Wisconsin Vol. Infy.
June 11, 1910.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

Legislature
Legislative Council State of Wisconsin.
Madison, Wisconsin.

APPROVAL.

Submitted for

Approved for

Adm. June 20, 1910
Admission.
Age over 70.
Rate \$15 per month.

Examiner.

Reissue to allow under Act Feb 6, 1907. Deduct sub. payments to
and drop name from rolls under Act June 27, 1890.

June 21, 1910, Harrison June 21, 1910, W. A. Paul
Legal Reviewer. Re-Reviewer.

Enlisted Nov 24, 1863, honorably discharged Sept 8, 1863

Enlisted, 18 ; honorably discharged, 18

Enlisted, 18 ; honorably discharged, 18

Pensioned at \$ 12 per month, under Act June 27, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

Date of birth alleged,

Age shown by evidence

June 11, 1910
1840 (Record of Birth June 1, 1840)
70 years.

Claimant does not write.

2013 Milwaukee

✓ dmc

ACT OF MAY 11, 1912.
as amended by Act March 4-1913

Cert. No. 806,705-

Claimant, Francis Bertrand,
P. O., R. 4 Luxembourg, Rank, Private.
County, Kewaunee Service, 26, 34 Wis. Inf.
State, Wisconsin.

Rate, \$ 19 per month, commencing

June 8-1912

& \$22.50

commencing June 1, 1915.

32

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Rush
Attorney

Name, _____ Fee, \$ _____; Agent to pay.

P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for admission Feb 15, 1913, R. P. Chiles, Examiner.

Approved for admission Rate \$ 19 per month; age 72 years.

Reissue from Act February 6-1907

date of birth June 1-1840

Length of pensionable service: 0 years, 9 months, 15 days.

Deductions in service from any cause: none years, _____ months, _____ days,

on account of

Mar 31, 1913, H. H. Fleming April 1, 1913, J. P. Curtis
Legal Reviewer. Re Reviewer.

Enlisted Nov. 24, 1862; honorably discharged Sept. 8, 1863.

Enlisted _____, 18 _____; honorably discharged _____, 18

Enlisted _____, 18 _____; honorably discharged _____, 18

Length of pensionable service: 0 years, 9 months, 15 days.

Pensioned at \$ 15- per month, under Act of Feb. 6, 1904

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 8, 1912.

Age shown by evidence 72 years; date of birth alleged June 1, 1840.

Claimant does not write.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON, D. C.

Dec. 23, 1919.

Art C. Bazler, Cashier,
Bank of Luxemburg
Luxemburg, Wis.

Sir:

Your enclosed letter does not contain sufficient information to enable this Bureau to determine the particular blank application desired.

Please furnish, by filling in the proper blank spaces, the information called for below, upon receipt of which the appropriate blank will be supplied if such action then appears to be warranted. Blank applications are not furnished in bulk.

Respectfully,

G. M. SALTZGABER,

Commissioner.



Pension certificate number 806705
Law under which pensioned Act of Congress approved by the President June 17, 1908, amending act of March 11, 1912.
Name of pensioner (in full) Francis Bertrand
Military or naval service (Co. 1 Reg.) Pop. Co. H 34 Reg. Wis Inf.
Date of enlistment Nov. 29th A. H. 1862.
Date of discharge September 8th A. H. 1863.

State here grounds upon which it is proposed to base claim for increase: Being 82 yrs. old and continually sick in bed and in need regular of the services of a physician and I am unable to take care of himself and for which his present pension of \$2.00 per mo. is much too low.

PLEASE RETURN YOUR ENCLOSED COMMUNICATION.



LET US BE OF SERVICE TO YOU

ORGANIZED IN 190

Bank of Luxemburg

CAPITAL \$50,000.00

Ch. Elph
 OFFICERS & DIRECTORS
 L. ALBERT KAREL, Pres.
 CHAS. L. PETERS
 AUGUST SPITZER
 OLIVER DEBAUGH
 ART C. BAZLEN, Cashier
 CLEM RASS, TELLER

Luxemburg, Wis Dec 19-19

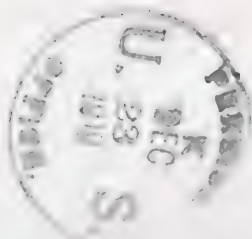
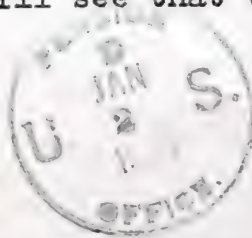
Department of the Interior,
 Bureau of Pensions
 Washington D.C.
 Gentlemen:-

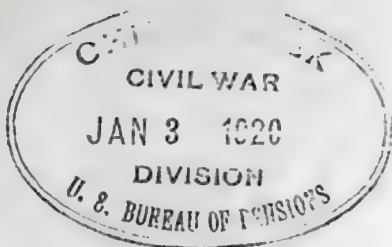
We are in receipt of your letter of the 13th regarding the G.A.R. veteran who has been ill for sometime and the pension he is receiving is 'nt sufficient to take care of him and that is the only means he has.

I wish to state that this man served in the Civil war 9 months and received an honorable discharge, the illness he now has is not due to any decease he contracted during his service, however he is 82 years of age and is receving a pension of aonly \$32.00 per month, the# way we understand the circular he is entitled to larger pension and if you will kindly send us the proper blanks we will see that they are executed.

Truly yours,

[Signature]
 Cashier





RIC



JAMcC

Civil War Division
Cert. No. 806705
Francis Bertrand,
Co. H, 34 Wis. Inf.

January 8, 1920.

Mr. Art C. Bazlen,
Luxemburg,
Wisconsin.

Sir:-

In response to your letter you are informed that the \$32 per month soldier now receives under the Act of May 11, 1912, amended by Act of June 10, 1918, is the highest rate to which he is entitled under existing laws for age and length of service rendered of nine months and fifteen days.

This Bureau can afford him no additional relief for disability not having originated during his military service in line of duty.

Very respectfully,

J. C. HYMAN
Acting Commissioner.

Lieut. La Plante says
he knows nothing about
claim having diarrhoea
or rheumatism in
service. If court for
evidence should state
the facts and reasons
under oath.

April 7/92 Letters
to Neal & Goebrechts
P.M. as to keep of Noel.
& Goebrechts.
Also to Neal & Goebrechts.

3-216.] INVALID.
No. 331.314
Acts of July 14, 1862, and March 3, 1873.

Francis Bertrand
P. O. Green Bay Wis.
Service: Enl. 34 Mo. Jr.

Enlisted: Nov. 29, 1862.
Discharged: Apr. 3, 1865.

Application filed: Feb. 2, 1885.

Alleges: ~~Chronic~~
~~diarrhoea~~ ~~Phlegm~~

Re-enlisted: BOARD OF REVIEW
APR 17 1888

4/23
Attorney: *Chm*
P. O.

Recognized. Contract.
10 Cert. of Dis. Searched for Feb. 25, 1888
(12172-27,000)

IND. Mar. 13/85. A.S. (New)
ILL. To claim. for Com. Office
& Regt. Surg. 2nd Cont. Ill.
IOWA. & treatment since discharge
Red Ex. Dr. A. J. Rosenberg
Secy. Memorandum, Wis.
WIS. Dec. 8/87. Clmt.
MINN. 100 day notice
NEBR.
KANS.
NEV. clmt May 22, 88
COLO. (R)
CAL. Aug. 23/88 Clt through
H. T. R. Hecckel clmt
OREGON. clmt only the of of heat
IND. Ty. Lathrop file
N. MEX. Claim awards COVS
for orig. Dia & R.S. for
DAKOTA. orig. from 5 yrs & Cont.
WASH. for both.
UTAH. Feb. 10/90. To 2d Dep't
to re-open.
Feb. 18 - 90 of Clmt
at Green Bay, Wis.
Nov. 5/91. A.S. to ver. L.
to bury
P.M. for keep of L. & Willie
& Marcell
claimant through 4 yrs.
P. Sawyer should fur. off
consolidate to corroborate Dr. Hoff

DROPPED

APR 23 1920

F-NANCE

W

(3-730.)

INVALID.

(Series

806.705)

Cert. No.

806 70

Name,

Francis Bertrand

Rank,

1st; Service, 1st "H" Co

Wisconsin Volunteers

Original Roll:

Milwan

Agency.

Transf'd

1

to

E.S.

"

1

to

Issued

December 15

Mailed

" 2 1910

Rate and Period, \$

10

from April 31

Deductions:

Disability:

Issued

Oct. 19 1906

Mailed

20

Rate and Period, \$

12

from Sep. 5 1906

Deductions:

Disability:

DEAD

(SSS-50,000.)

Issued

June 23

1910

Mailed

June 23 1910

Rate and Period, \$

15

from Jan 11 1910

Fee, \$

101 of Feb 5 1907

Deductions:

Disability:

Issued

Apr 3 1913

Mailed

1913-1915

Rate and Period, \$

19

from June 8 1912

Fee, \$

22⁵⁰ " June 1-1915

Deductions:

Disability:

INDORSEMENTS.

Mr. J. J. (C. J.)

Mr. 8/20. at C. Bagley as per copy June

Mr. 21/20 at March 1910

Mr. to leave Orley

Blank to Messrs Orley

INVALID. (Series _____)

Cert. No. **806705**Name, *Francis Bertrand*Rank, *Pvt.*; Service, *H. 34" Wis. 161*Original Roll: *Milwaukee*

Agency. Transf'd _____, 18____, to

" _____, 18____, to

Issued *Aug. 25*, 18*92*Mailed *Sept 5*, 18*92*Rate and Period, \$ *1*, from *Feb 2*, 18*91**#6 "Mar 17" 1890*

Deductions: _____

Disability: *disease of rectum**+ malarial poisoning*Issued *June 5*, 18*90*Mailed *" 12 "*, 18*90*Rate and Period, \$ *1*, from *Oct 1*, 18*89*

Deductions: _____

Disability: *disease of rectum**Mal. poisoning*

Issued, _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Disability: _____

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Disability: _____

INDORSEMENTS.

*June 14 - 94 P.A. to correct
and re mail of
Francis Bertrand*

3-848.
(Old No. 3-216 a.)

Ex'r.

Little
J. C. H. No. 806.705

Act of June 27, 1890.

6/17/96

Ind. ... 29/04 ...
JUN 7 - 1904 Do Clf claim filed
IND. *Sp 21/04 invalid-inc. claim*
ILL. *under act June 27/90. never pensioned*
under said act.
IOWA. *J. C. H.*

Francis Bertrand.

P. O. *Kennon.*

Price Co. *Wis.*

Service: *16 34* *Wis. Inf.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *Apr. 21*, 1904

Alleges: _____

Any other claim filed: *L. C. 806.703*

Numerical No. _____

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

Attorney: *Faber & Whitman Co.*

P. O. *City.*

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 190 .

No. _____

STATE OF WISCONSIN,
KEWAUNEE COUNTY, SS:

On this 27th day of April, 1897, personally appeared before me a Notary Public in and for the County of Kewaunee, Wisconsin, Frank Bertrand, aged 58 years, a resident of Luxemburg, County of Kewaunee and State of Wisconsin, who being duly sworn according to law declares that he is a pensioner of the United States, duly enrolled at the Milwaukee pension agency at the rate of six dollars per month by reason of disability incurred in the military service of the United States while a private in company "H", 34th Wisconsin Infantry; that his present physical condition is such that he believes himself entitled to receive an increased pension; and that his disability is chronic diarrhoea and rheumatism incurred in the military service aforesaid; that he is disabled from manual labor at least two-thirds of all the time by reason of such disabilities; that he is a farmer and it is necessary that he perform manual labor; that he appoints Geo. W. Wing of Kewaunee, Wisconsin, his true and lawful attorney to prosecute his claim; that his post-office address is Tonet, Kewaunee County, Wisconsin.

Attest:

his
Frank X Bertrand
notary

Also personally appeared Charles A. Pinchart of Luxemburg, Kewaunee County, Wisconsin, and Charles Wattawa, of Kewaunee County, Wisconsin, persons whom I certify to be respectable and entitled to credit who being by me duly sworn say they were present and saw the claimant sign his ~~name~~^{mark} to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Charles A. Pinchart
Charles Wattawa

sworn to and subscribed before me this 27th day of April, 1897; and I hereby certify that the contents of the above declaration, etc., were fully made known to the applicant and witnesses before swearing; and that I have no interest direct or indirect in the prosecution of this claim.

Louis Brummer
Notary Public,
Kewaunee County, Wis.

ATTY FILED

No of 806705

In re application of
Frank Bertrand, late
Private Co "H," 34th Wis
for an increase of
pension.



RECORD & PENSION OFFICE
OCT 2 1799680
WAR DEPARTMENT

3-404 aa.
West Div., *W.H.*, Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *Sept 29*, 1899.

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting *additional* a full military and medical his-
tory of the soldier, *if on file*, also
state his age at date of
enlistment.

No other report on file.

106 No. *806,705*.
Name, *Francis Bertrand*.
Co. *H*, *34* Reg't *Wis. Inf.*

H. H. H.
Acting Commissioner.

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, *OCT 28*, 1899

Respectfully returned to the

Commissioner of Pensions,

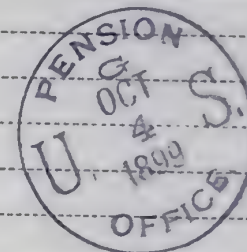
with the information that in the case of

Francis Bertrand
Co. H. (also known as
Capt de Saint Anges les)
34 Wis. Drafted Mil Inf
military records furnish
the following in addition
to that contained in
report dated June 1, 1885.

Age at enlistment 23 yrs.

The medical records show him treated as follows:

No record found.



BY AUTHORITY OF THE SECRETARY OF WAR:

John J. Fawcett
Per *J* Chief, Record and Pension Office.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin, County of Kewaunee, ss:

On this 6th day of June, A. D. one thousand nine hundred and 1912, personally appeared before me, a Notary Public within and for the county and State aforesaid,

Francis Bertrand who, being duly sworn according to law, declares that he is 72 years of age, and a resident of Town of Luxemburg, county of Kewaunee, State of Wisconsin; and that he is the identical person who was ENROLLED at Wilmank, Wisconsin, under the name of Francis Bertrand;

on the 29 day of November, 1862, as a soldier, in Army Co. H. Reg 34 Wis Volunteer Inftry (Here state rank, and company and regiment in the Army, or vessel if in the Navy.)

in the service of the United States, in the Civil war, and WAS HONORABLY DISCHARGED at Camp Harbison Wis, on the Eighth day of September, 1863.

That he also served _____ (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 inches; complexion, Fair, color of eyes, Blue; color of hair, dark; that his occupation was Farmer that he was born June 1st, 1840, at Province of Brabant in the State of Belgium

That his several places of residence since leaving the service have been as follows: Town of Kewaunee County Wis. and Keweenaw Price County Wis and now at Town of Kewaunee County Wis (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 806,705. That he has applied for pension under original No. 806,705

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Luxemburg R. 4, county of Kewaunee, State of Wisconsin

Attest: (1) Joseph J. Donet Francis Bertrand (Claimant's signature in full.)
(2) Julia Janet mark

Subscribed and sworn to before me this 6 day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____, added; _____, erased; and the words _____, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] _____
1912
OFFICE.

Joseph J. Donet
(Signature.)
Notary Public
(Official character.)
My Comm. Expires Feb. 27, 1914

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 806, 705.

Name, Francis Bertrand.

Service,

INSTRUCTIONS.

This form may be used for original pension or increase of pension.
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the above aid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

Act of February 6th, 1907

DECLARATION FOR INVALID PENSION

State of Wisconsin,

County of *Kewaunee* ss.

On this *7* day of *June*, A. D. one thousand nine hundred and *ten* personally appeared before me, a *Notary Public* within and for the county and State aforesaid, *Francis Bertrand* who, being duly sworn according to law, declares that he is *70* years of age, and a resident of *Town of Union* county of *Dodge* State of *Wisconsin* and that he is the identical person who was ENROLLED at *Washington D.C.* under the name of *Francis Bertrand* on the *Twenty nine* day of *November* 18 *62* as a *Private* in *Company H, 34 Regiment* of *Wisconsin Infantry* [Here state rank, and company, and regiment in the Army, or vessel, if in the Navy.] in the service of the United States, in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at *Camp Washburn, Minn* on the *Eight* day of *September* 18 *63* That he also served

[Here give a complete statement of all other services, if any.]

That he was not employed in the military or naval service of the United States otherwise than as stated above.

That his personal description at enlistment was as follows: Height *5* feet *seven* inches;

complexion *Fair*; color of eyes *hazel*; color of hair *Dark*; that his occupation was

Farmers; that he was born *Belgium* 18 *40* at *Province of Brabant*

That his several places of residence since leaving the service have been as follows: *in the state of Wisconsin since leaving the service*

[State date of each change, as nearly as possible.]

That he is a pensioner under Certificate No. *806705* That he has heretofore applied

for pension

[If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under

the provisions of the act of Feb. 6, 1907.

That his POST-OFFICE ADDRESS is *Luxembourg R#5*

county of *Kewaunee* State of *Wisconsin*

That he hereby appoints The Adjutant General of Wisconsin, Madison, Wisconsin, his true and lawful attorney

to prosecute his claim without fee.

Francis Bertrand
[Signature in full.]

Attest: (1) *Fred Paye*
(2) *Edmund Bader*



Also personally appeared Fred. Payl....., residing at Luxemburg, Wis
and Edmond Bader....., residing at Luxemburg, Wis, persons whom I
certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and
saw Francis Berstrand....., the claimant, sign his name (or make his mark) to the foregoing declara-
tion: that they have every reason to believe, from the appearance of the claimant and their acquaintance with
him of 15..... years and 10..... years respectively, that he is the identical person he repre-
sents himself to be: and that they have no interest in the prosecution of this claim.

Fred. Payl.....
Edmond Bader.....
Signatures of witnesses.

SWORN to and subscribed before me this 7..... day of June....., A. D. 1910..

and I hereby certify that the contents of the above declaration, etc., were fully made
known and explained to the applicant and witnesses before swearing, including the
[L. S.] words September....., erased, and the
words November..... added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

Validity accepted
as to execution

S. A. Cuddy,
Chief, Law Division.

Theophile Popson
(Signature.)

Notary Public
(Official character.)

Seward Co. Wis

My com. expires May 4, 1913.

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

7/24/10
017 806405
DUPLICATE OF THIS IS REQUIRED.
This blank is not to be used except in cases where the Adjutant General of Wisconsin appears as attorney.

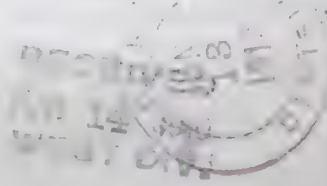
Soldier's Application for Pension

Act of Feb. 6, 1907

Name Francis Berstrand.....

Service Co. H - 34 Reg -.....

Wis. Inf. bat -.....

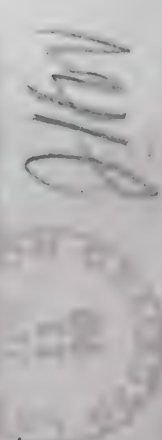


FILED BY
THE ADJUTANT GENERAL
OF WISCONSIN,

State Agent For Pensions

Attorney

MADISON, WIS.



Tues Aug 4, 1893

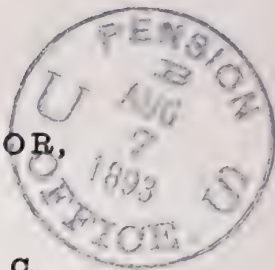
To the Bureau of Pensions

I Louis Hocbreck late Sergeant
Co H 34 Reg Wis Inf.
hereby certify that Francis Bertrand
in the First part of June 1863
complained to me, first of Diarrhea
and about the end of August he
complained of Fever and Ague and
I now positively, that he suffered for
over a year with it. About 9 years
ago he complained of Rheumatism
and has done so ever since.
He has also complained of Piles
but I don't remember the exact time
I think it is six years ago
I think he is incapacitated for
about one half of Regular work
at late years Wisconsin County has
raised a fund, to help poor Soldiers
Francis Bertrand has been a recipient
of this bounty since inaugurated
therefore I think that I do not make
a mistake to state that he really
need some relief

Wm Lochen
Commissioner

Yours Respectfully
J L Hocbreck





Div.

Ex'r.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Louis Hoebecks,
Tonet,
Wis.

Wm Lockman

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: about Sept 8 1874 about 3 weeks
after he returned from the army

Of what disability did he complain, and how was he affected?

Answer: first he complained of Fever and Ague
a few years afterwards he complained of Rheumatism

How frequently have you seen him since your first acquaintance?

Answer: nearly Every Month

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: He would say himself like a ^{very} weak man
some time when he complained, then he could
not do a half day work
I think he does nearly a half man work

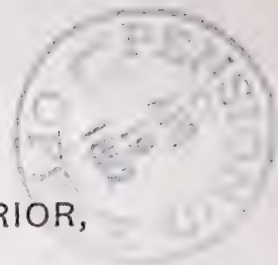
My means of knowing the facts of the case are these: that is why he is
supported partially by the County as a
poor soldier a fund being raised
every year for such purpose

COMMISSIONER OF PENSIONS,

Washington, D. C.

Very respectfully,

Louis Hoebecks



Div.

Ex'r.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

West
M. E. H.
Orig. Inv. No. 531314
Francis Bertrand
Co. "H", 34th Reg't M. I. Inf.

Return this letter with your reply.

April 17, 1892.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incurrence of chronic diarrhoea and rheumatism by above named soldier in service.

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

Commissioner.

Tonawanda April 15. 1892

I G. Horvick late Capt of Co H 34th Wis Inf.
hereby certify to the best of my knowledge
that Francis Bertrand of Co H 34th Reg. Wis.
Inf. was taken sick, in Camp near Memphis
Tenn. with fever an age about the 15 of June
1863 and he left the Army being Discharged
at expiration of term on Sept 8 1863
without being relieved of the Fever an age
and that he suffered with the same for
over a year after. Since then he has
repeatedly complained of Diarrhea and
I think has settled into chronic Diarrhea
which I think has been the cause of the
Rheumatism from which he has been
complaining since about the middle
of the winter of 1882

Louis Hocbreck
Tonawanda Post Office
Tonawanda Co Wis.

Claim for Pension Nov 18 1891.

No 551,314



of Francis Bertrand Co H 34th
Reg. Wis Int.

State of Wisconsin
County of Kewaunee

I Louis Hoebrack late Surg. Co H
34th Wisconsin Inf. hereby certify
that I have known Francis Bertrand
when in the Service, said Bertrand
residing in the Town of Luxemburg
Kewaunee Co Wis. was acquainted
with him before he entered the Army
he was an Able bodied Man at the
time he entered the Service

In June 1863 in Camp near Menasha
Wis. he was taken sick with Fever & ague
he went to the ^{Reg} Hospital near Camp
but left said Hospital without being
relieved of Diarrhea, which he had
for over a year, afterwards
complaining all the time of
Diarrhea and Rheumatism, and has
made the same Complaint of
Diarrhea and Rheumatism since
that time till now I have no
interest in this claim Louis Hoebrack
Post Office Address Tonet 4th
Wis

Sept 20 1891

after

Thurs. 11

Claim of Francis Bertrand to A 311
Wis Int- Gov. Penn No 531314

State of Wisconsin
County of Brown

Victor Noel Being duly
sworn says - I am 53 years of age - I live
in the City of Green Bay Town Co Wis
My Pl Address is Green Bay Town Co Wis
I am well acquainted with above claimant
Francis Bertrand who lives in the Town of
Luxemburg Kewaunee Co Wis was acquainted with
him 2 or 3 years before he went into the army and
I served in the same Co with him and at
the same time - From the time he was able
to do some other than he entered the U.S.
Army about the month of June 1863 he began
to be sick - he had fever and ague chronic rheumatism
& inflammation - I know that he was frequently seen
about to go to bed that he had rheumatism & I
have seen him with fever and seen him shake
with the ague and from his different and
apparently different movements in walking
& moving himself and from his complaints
and from the fact that no thought of a
person existed at that time I am sure
that he then was afflicted with chronic
rheumatism & inflammation

3

until within the last two weeks I have
 in the same neighborhood within five miles
 and have seen him on an average over a month
 and since he was discharged and I think that
 he is entitled to at least the extent of an apology
 for the performance of Practical Labor by
Reformation & Reform discharge received in the
N.S. term

I have no interest in this claim
victor coel

Submitted same to Superior on this 16 day
 of November A.D. 1891 & Party that appears
 is a respectable firm entitled to credit -
 that I read & explained the foregoing aptly
 to him before signing - that I have no
 interest direct or indirect in the prosecution
 of this claim and a certificate of my
 authenticity as N.S. Commissioner is on
 file in the Perin Bureau

Victor Coel
N.S. Commissioner
Nov 16 1891

531,374.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, June 8, 1885.

Respectfully returned to the Commissioner of Pensions.

Francis Bertrand, a Private of Company "H",

34th Regiment Wisconsin Volunteers, was enrolled on the

23 24 day of November, 1862, at Red River for 9 months
and is reported: on Roll from Enrollment to December 31st
'62 present. Same Report to June 30th '63. Roll and
Returns for July and August not on file.

Mustered out with Comp. September 8, 1863, at

Waukegan, Wis. a Private.

Wreckage of alleged disabilities.

Regtl Hqs. Records Company

Monthly Reports or Company

Returns are not on file.

Thomas M. Ward

Assistant Adjutant General.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin }
 County of Price } ss.

On this 27th day of August, A. D. one thousand nine hundred and eight, personally appeared before me, a Notary Public within and for the county and State aforesaid, Francis Bertrand, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Kennan county of Price, State of Wisconsin; and that he is the identical person who was ENROLLED at Milwaukee, Wisconsin, under the name of Francis Bertrand, on the 29th day of November, 18 62 as a Private, in Company (H), 34th Regiment, Wis. Inf.
 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Camp Washburn, Wisconsin (State name of war, Civil or Mexican.) on the 8th day of September, 18 63. That he also served
 (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 inches; complexion, Fair; color of eyes, Hazel; color of hair, Dark; that his occupation was Farmer; that he was born June 1st, 18 38, at Prov. of Braban, Belgium.

That his several places of residence since leaving the service have been as follows:
Luxembourg, Wis. up the year 1898, at Kennan, Wisconsin, up to the
 (State date of each change, as nearly as possible.)
present time.

That he is now a pensioner. That he has _____ heretofore applied for pension
Certificate No. 806705

(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

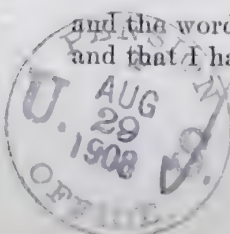
That his post-office address is Kennan county of Price, State of Wisconsin

Attest: (1) John Gilbert Francis Bertrand
 (2) James F. Larson (Signature in full.)

Also personally appeared John Gilbert, residing in Kennan, Wis. and James F. Larson, residing in Kennan, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Francis Bertrand, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 9 years and 3 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

SUBSCRIBED and sworn to before me this 27th day of August, A. D. 1908, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



S. A. Cudd,
 Chief, Law Division.

per J. H. & S. O.

John Gilbert
James F. Larson
 (Signatures of witnesses.)

Notary Public.
 (Official character.)

My commission Expires February 5th, 1911.

3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. *806.705.*

Name, *James Portland*

Service, *Co A. 34th Mo. Inf.*

INSTRUCTIONS.

This form may be used for original pension or increase of pension.
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal. Unless such certificate has been filed in the Bureau of Pensions for general reference.



AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-803

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

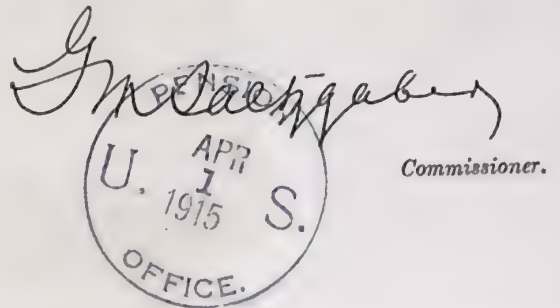
SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

FRANCIS BERTRAND,
LUXEMBURG, WIS.

806705

R. R. #4,



- No. 1. Date and place of birth? Answer. June 1, 1839 Province of Barban In Belgium
The name of organizations in which you served? Answer. Private Co. H. 34 Regiment
Wisconsin Infantry
- No. 2. What was your post office at enlistment? Answer. Robinsville Brown Co. Wis.
- No. 3. State your wife's full name and her maiden name. Answer. Lucy Bayle
- No. 4. When, where, and by whom were you married? Answer. at Robinsville Brown Co
9 of Nov. 1865 by Rev Kruth
- No. 5. Is there any official or church record of your marriage? Answer. Yes
If so, where? Answer. Record at Lawrence Co State of Wisc.
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. No
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.
- No. 8. Are you now living with your wife, or has there been a separation? Answer. My Wife is Dead
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- | | | |
|-------------------|---------------------|------|
| Clemence Bertrand | 8 th Aug | 1866 |
| Mary | 20. March | 1868 |
| Emile | 19. Oct | 1870 |
| Peter | 14. Aug | 1872 |
| Gustave | | 1873 |
| Edmund | 26 June | 1874 |
| Josephine | 11 Oct | 1880 |
| Henry | July | 1878 |
| Chas | 26 July | 1882 |

Date Mar 29

(Signature)

Francis Bertrand
markWit Joseph J. Joubt
Marie Joubt

WEBB

3-1081

1
32

PENSIONER DROPPED
FINANCE
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

APR 23 1920, 191

Certificate No. 806705

Class ACT OF MAY 11, 1912

Pensioner

Soldier Francis Bertrand

Service H. 34 Wis Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 32, to APR 4 - 1920, 1
has this day been dropped from the roll be-
cause of death Apr 13 1920

FRANCIS BERTRAND,
LUXEMBOURG WIS
806705 ACT MAY
R. R. #4,

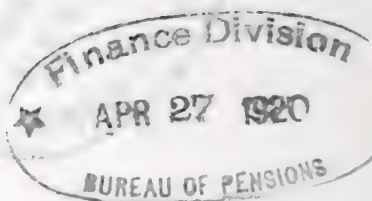
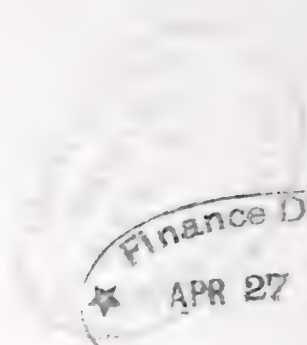
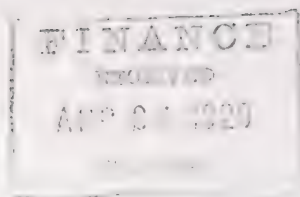
Very respectfully,

W. M. Campbell

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

6-2219



Department of Health—Bureau of Vital Statistics
COPY OF DEATH RECORD

MARGIN RESERVED FOR BINDING

Write Plainly With Unfading Ink—This Is a Permanent Record

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you. All original certificates must be sent to the state office with the monthly reports.

1 PLACE OF DEATH
County Kewaunee
Township Laurel River
or Laurel River
Village Laurel River
or Laurel River
City Laurel River (No. 1 St. 1 Ward)

2 FULL NAME

Frank Bertrand

(a) Residence No. 1 St. 1 Ward. 1 (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) Widower

6a If Married, Widowed or Divorced
HUSBAND of
(or) WIFE of

Not given

6 DATE OF BIRTH (month, day and year)

June - 18 - 1899

7 AGE Years Months Days If LESS than 1 day, hours or min.
30 10 12

8 OCCUPATION

(a) Trade, profession or particular kind of work Believed Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country)

Belgium

PARENTS

10 NAME OF FATHER

Not given

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Belgium

12 MAIDEN NAME OF MOTHER

Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Belgium

14 Informant Edmund Bertrand
(Address) 710-30. 1st St.

15 Filed Apr. 15 - 1920 Registrar
Filed April 1 - 1920 Sub-Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 13 - 1920

17 I HEREBY CERTIFY, that I attended deceased from July 6 - 1919 to April 12 - 1920; that I last saw him alive on April 5 - 1920, and that death occurred on the date stated above at 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Gonorrhea Infection.

Contributory (Secondary)

Venality

18 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

Did an operation precede death? 1 Date of 1Was there an autopsy? 1What test confirmed diagnosis? 1

(SIGNED) Edward Kerschner M. D.
Apr. 15 - 1920 (Address) 710-30. 1st St.

* State the disease causing death, or in deaths from violent causes state (1) means and nature of injury; and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Tomb, Wis.

DATE OF BURIAL

Apr. 15 - 1920

20 UNDERTAKER

C. DeBaush

ADDRESS

Luxemburg.



TO ALL WHOM IT MAY CONCERN.

Know ye, That Francis Bertrand a
Private of Captain Isadore de Saint Ange's
Company, (H,) 34th Regiment of Wisconsin Infantry
Volunteers who was enrolled on the Twenty Ninth day of November
one thousand eight hundred and Sixty Two to serve Nine Months years or
during the war, is hereby DISCHARGED from the service of the United States,
this Eighth day of September, 1863, at Camp Washburn
Wisconsin by reason of the expiration of his term of Service
(No objection to his being re-enlisted is known to exist.)

Said Francis Bertrand was born in Province of Braben
in the state of Belgium, is Seventy Three years of age,
Five feet Seven inches high, Fair complexion, Hazel eyes,
Dark hair, and by occupation, when enrolled, a Farmer.

Given at Camp Washburn, Wis. this Eighth day of
September 1863.

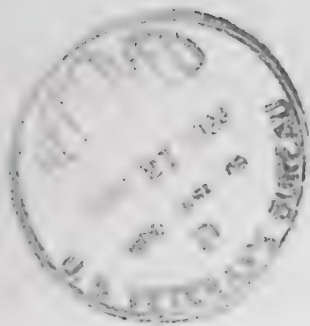
Litzriaues. Major. U. S. A.

Must. Off.

William P. Barclay
1st Lieut. Comd. Co.

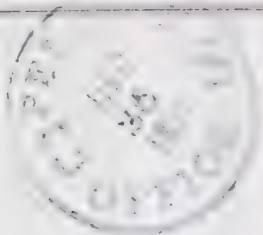
*A true copy of the discharge of Francis Bertrand, made
by me this 16th. day of May 1929.*

*Harriet A. Cammenbergh
Notary Public.*



State of Wisconsin)
County of Kewaunee)

Of Zachariah
Vanderfeld of the County of Kewaunee
and State of Wisconsin Certify
that I have known Francis
Bertram before he enlisted in
the Army he was in good health at
the time When he returned from
the Army he came home very
sick I took him myself to Green
Bay to be treated by a doctor I did
not think that he would have lived
long that was I think in 1863. and
he remained very sick long afterwards
I have no doubt that Francis Bertram
Sworn and subscribed before me this 19th
day of November 1891. at Leesport
Kewaunee County Wisconsin and
Certify that Zachariah Vanderfeld is an
Honorable Citizen J. H. Havers
Notary Public
Kewaunee Co, Wis



State of Wisconsin }
County of Dodge }

In the pension claim of Francis
Bertrand of the 34th Wis. V. Inf.

Personally came before me a Notary Public
in and for aforesaid County and State Theodore
Kopff, a resident of Beaver Dam, of the county
of Dodge and the State of Wisconsin, who,
being duly sworn, declares in relation to aforesaid
case as follows:

Francis Bertrand late member of the
34th Wisconsin Inf. Reg. is known to me from
the time of enlistment, he was a healthy man
then, until we came to Memphis Tennessee.
In June of 1863 he was sent to Regimental
Hospital on account of contracted diarrhoea.
It was a general epidemic of diarrhoea
prevailing, the most of them very severe and
turning out in dysentery ended good many
lives. Amongst the severe cases was the case
of Francis Bertrand. He was in the hospital
over a month, the disease turned in a chronic
state, he wished to leave the hospital, the
sight of so many sick he said made him sicker
again. I treated him in his tent as good as
possible, but the excessive heat, the nursing

materials and especially near the Mississippians
were not satisfactory for improving health. He
dragged himself along until mustered out, & treated
himself in Camp Washburn Milwaukee Wis
where we were awaiting our discharge.

I further declare, that I have no interest
in said case and am not concerned in its
prosecution.

Theodore Hopff M. D.
subscribed & sworn to before me this 9th day
of January, 1887 and I certify that the foregoing
affidavit was written by said affiant & that
he signed the same, and this I have no
interest, direct or indirect in this claim

Cheer O Miller

Notary Public

Dodge Co Wis





State of Wisconsin }
County of Kewaunee } 88

I Peter Joret
of the Town of Luxemburg in the
County of Kewaunee and State of
Wisconsin Certify that I have known
Jozanis Bertrand before he went into
the Army he was a healthy and
strong man When he returned from
the Army he was sick and remained
sick for a long while and has not
been the same strong man as before
ever since his return I have no interest in
Claim

Peter Joret
Sworn and Subscribed before me this 19th day
of November 1891. I further Certify that
Peter Joret is a trustworthy Citizen

J. Havers
Notary Public
Kewaunee Co, Wis.

Correct
1891

State of Wisconsin
County of Brown

Leonard Laplant being
duly sworn says - I am 55 years of age
My residence is Town of Scott Brown Co Wis
and My PO address is Nequish Brown
Co. Wis. I was 2^d Lt of Co H 34th Reg
Wis Inf. Vol. and I was and still am
well acquainted with Francis Bertrand who
was a private in said Co.

I know he was well healthy when he enlisted
and until the Fall of 1863 I think it was
in latter part of August 1863 that I was in Hospital
at Milwaukee and I think it was first part
of August that he was sick in Memphis in the
regimental Hospital. I know he had fever and
ague then - I saw him shake.

It is so long ago that I cannot remember how
long he was sick or whether he had chronic
diarrhea or sherrmation. I remember most of the
men had diarrhea. I suppose it was caused
by exposure and the climate. I can only say
of him that he was healthy when he enlisted and
he had fever and ague while in the U.S. Service
at Memphis. I have seen him occasionally since
that time and he now has appeared to be
a well man since.

I have no interest in this claim.

Leonard La Plante

Subscribed sworn to before me this 20th day of April
1888 and I certify that Leonard La Plante who
signed the foregoing affidavit in my presence is a
respectable person entitled to credit that the foregoing

affidavit was carefully read to him before saying
that I have no interest direct or indirect in
the prosecution of this claim & that a copy of
my affidavit as part of the Plan is on file
in the Pension Bureau.

D. H. Wignour
Justice of the Peace
Brown Co. Mo.

AUG 22 1893

WESTERN
RECEIVED
MAY 2 1894



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I am claim No 531 314 Francis Bertrand
Co H 34 Reg Wis Inf 206

State of Wisconsin }
County of Brown }

Francis Bertrand

being duly sworn says he is the person
above named - that the only Physicians who
have attended him since his discharge
were Dr H. O. Cram who died 8 or 9 years
ago and Dr Charles Janne who also died about
8 or 9 years ago and he has sent off of
his Dr Leonard Laplante and asks that
the affs herewith sent of his Surgeon
be kept his neighbors Felix Marcell & Eugene
Crawellin may be concluded

Witness Francis ^{his} Bertrand
mark

Jabier Coel

Fred. O. Warren

Subscribed sworn to before me this 2^d day of
March A.D. 1889 & I certify that affiant
is a respectable person and entitled to credit -
that the foregoing affidavit was read to him
& the contents fully explained before swearing & that
I have no indirect doubt or misgiving in the pos-
session of his claim -

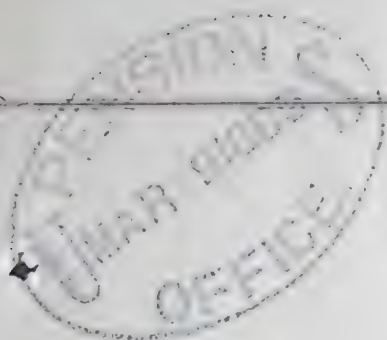
Wm Burren & Son

M S Corum

E. D. y. Wis.

Certified & authorized before me
Permanently

Warrant



RECEIVED
MAR 21 1965

Western Civ

E' 111 13

Box of 800 700-

Francis Bertrand

Oct 15-09.

H-34 W is Inf.

Mr Francis Bertrand
Kenner, W. Va.

Sir, I am alone in the class for
fession under the act of Feb 6-07.
Filed Aug 29/08, you were called on
Sept 16/08. for proof of the date of your
birth, if you are unable to furnish
such proof as again indicated in
the enclosed circular you should so
state, and furnish the names of your
parents, or if you were not born
with your parents, the names of the
persons with whom you were
living in 1850 and 1860, together with
the names of the town, townships
county and State of your residence
during said years. W. Va. Act. Com.

State of Wisconsin
County of Brown

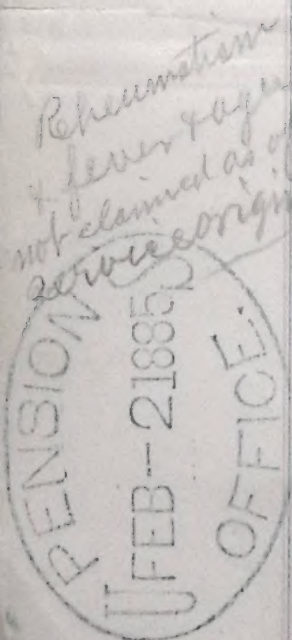
On the 28th day of January
A.D. 1885 before me Edmund P. Boland Clerk of
the Circuit Court a Court of record within the
County State above named personally appeared
Francis Bertrand who being by me duly sworn says
That he is 45 years of age. That he resides in the
Town of Luxemburg Kewaunee Co. Wis. and his
P.O. address is Robinson P.O. Brown Co. Wis.

That he is the identical Francis Bertrand who
enlisted under the name of Francis Bertrand - (was drafted)
as Private in Co. H of the 34th Reg. Wis. Inf. - Vol.
on the 29th day of November A.D. 1862 and was
discharged on the 8th day of September 1863 at Camp
Washburn near Milwaukee Wis. by reason of expiration
of term of service.

That as above stated he was never engaged in
the Military or Naval service of the United States.

That in July 1863 at Memphis Tennessee while
in the service as a private in the line of his duty he
became sick with fever and ague and chronic diarrhoea
and was sent to the regimental hospital where he re-
mained about a week when he became frightened
and went back to his Co. - that he was sick until
he was discharged although he was in duty.

That when he got to Green Bay he was sick so that
he could not go home for eleven days and then went
home to Luxemburg and remained sick until Jan 1864.
That ever since that time he has been so afflicted
with rheumatism and fever & ague that he has been



thruy disabled from the performance of manual labor
at least to the extent of one half-

That when he first came back he was attended
by Dr H.O. Cram who was Surgeon in the Provost
Marshall office and who died 5 or 6 years ago

That after that he had no doctor. he relied on
different medicine that he bought a drug store-

That the only Hospital in which he was treated
while in the service was the regimental hospital
at Memphis Tennessee.

That prior to his enlistment he was a
sound healthy man & entirely free from chronic
illness of any kind and he believes his present
disability to have been caused by hardship in the
N.S. service and to be the result of joint sickness

2 Witnesses

Florentin Frisque Francis Bertrand
Louis Grusselle

Also at the same time personally appeared
Florentin Frisque and Louis Grusselle
residents of Green Bay & whose P.O. address is Green
Bay Wisconsin who being duly sworn say
they were present when Francis Bertrand made
his mark to the foregoing declaration - that they
are well acquainted with him & know him to
be the identical person he therein represents himself
to be, and further that they have no interest
in this claim.

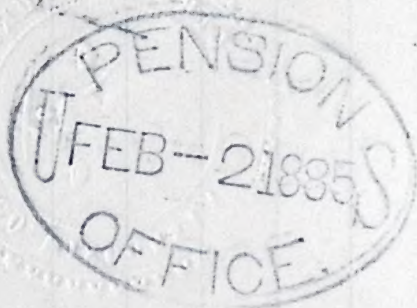
Florentin Frisque
Louis Grusselle

Subscribed sworn to before me this 28 day of

January A.D. 1885 & I certify that the foregoing
declaration or was carefully read & fully explained
to the applicant hereinbefore before swearing
that they are respectable persons entitled to credit
& that I have no interest direct or indirect
in the prosecution of this claim.

Chas. B. Land
Clerk Circuit Court
Brown Co. Wis

His



X